

The Vernon Community Network is a collaboration of providers that will identify and coordinate social service, health, educational and economic development resources for the enhancement of the community.



WELCOME

By Alan Slobodien, President, Vernon Community Network
Impetus for creation of the Vernon Community Plan for Children

The Town of Vernon is a mid-sized community of approximately 30,000 people located twenty miles east of Hartford, CT, the state's capital. Vernon is a community that holds great pride and in a strong New England tradition, works hard to help all its citizens. As our entire nation grapples with economic challenges, the Vernon community led by its Town Council and Board of Education continues to strive for excellence. Vernon is a community in transition. Once a thriving rural community, Vernon was home to textile industry, farming and a hub of cultural activity for the smaller towns located in

eastern Connecticut. Vernon has experienced growth in economic stress and increased needs from a population whose median family income is low in comparison to nearby towns. But transition and challenge give rise to opportunity, creativity and a strengthening of community pride. One aspect of Vernon's pride is providing social services to its citizens in need. The town government and its citizens have welcomed community-based non-profit organizations for decades. A network of these non-profits as well as local government agencies, the faith community and the local Board of Education was established in December 2003 with a membership of eight agencies. This network initially named the "Family Summit" continued to broaden in its scope and membership and currently (2011) has over 35 member organizations that meet regularly under the umbrella name, [Vernon Community Network](#). In 2008, the Vernon Community Network undertook a community planning process to address the needs of Vernon youth and their families, recognizing that assisting our youth population helps to build a thriving community, a welcoming community; a community of good will.

Executive Committee

Alan Slobodien, President
Kim McTighe, VP
Angela Atwater, Treasurer
Joan McMahon, Secretary
Jim Sendrak, At Large
Carl Mandell, At Large
David Engelson, Past Pres.
Bryan Flint, Membership

Where to begin? The community planning process began by assembling a broad group of dedicated parents, service providers, educators, faith community representatives, policy makers and business representatives. This group developed a goal statement, *"All Vernon children birth to eighteen are safe, healthy and productive."* Two grants were secured to fund the planning process: an initial grant from the Hartford Foundation for Public Giving was later supported by a grant from the William Caspar Graustein Memorial Fund. Both foundations recognize that many voices are needed to develop a comprehensive community plan; a plan that produces positive change for individuals, families and the greater community.

The path to change: Imagine a community where all children are safe, healthy and productive; where individuals and families feel connected to their neighbors, schools, local government, business and faith organizations. Building this type of community demands that people of good will and honest intent join together, overcoming differences and unite with one vision, *"All children birth to eighteen are safe, healthy and productive"*.

On behalf of the Vernon Community Network, I look forward to uniting with you!

ACKNOWLEDGEMENTS

A sign of true community decision-making is having representation from a diverse group of constituents, each bringing to the table both professional expertise and personal experiences, equaled in value. We recognize the tremendous expertise, support and camaraderie provided by the following that were identified as community leaders:

LEADERSHIP WORKGROUP

- **Angela Atwater**, Executive Director, KIDSAFE CT, *Co-Chair*
- **Eric Baim**, Principal, Rockville High School
- **Leslie Campolongo**, Church of the Risen Savior
- **Jill Charbonneau**, Prevention Social Worker, CT Department of Children & Families
- **Bryan Flint**, Past President, Rockville Community Alliance
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- **Kim McTighe**, Youth Counselor, Vernon Youth Services Bureau
- **Barbara Pascal-Gladstone**, Director, ECHN Child and Adolescent Behavioral Health Services
- **Renee Pellerin**, Probation Officer, Rockville Juvenile Court
- **Paula Plante**, Coordinator, KIDSAFE CT
- **Thomasina Russell**, Parent
- **Ann Scharin**, Coordinator, Vernon School Readiness Council
- **Don Skewes**, Detective, Vernon Police Department
- **Alan Slobodien**, Director, Vernon Youth Services Bureau, *Co-Chair*
- **Maria Turchi**, School Social Worker, Vernon Public Schools
- **Matthew S. Wlodarczyk**, Principal, Skinner Road School

CONTENT AREA EXPERTS / Strategic Areas of Focus

To round out the team the following contributed mightily to this comprehensive planning effort:

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- **Patricia Buell**, Vernon Public Schools
- **Phyllis Carleen**, Early Head Start
- **Ardith Crampton**, ECHN Family Development Center
- **Monica Dallahan**, CREC, Birth-Three
- **Hyacinth Douglas Baily**, Greater Hartford YMCA
- **Risa Filkoff**, Vernon Regional Adult-Based Education
- **Pauline Fortier**, Academy of Art and Learning
- **Tina Gladden**, Indian Valley YMCA
- **Pat Goff**, Rockville High School
- **Jerry Griffin**, Vernon Public Schools
- **Svetlana Grishtaev**, Vernon Regional Adult-Based Education
- **Judy Hany**, Vernon Town Council
- **Michelle Hill**, Vernon Youth Services
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- **Sarah McDermott**, UCONN Jumpstart
- **Tess McKenzie**, Maple Street School Family Resource Center
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- **Jill Morey**, ECHN Family Resource Center
- **Lisa Perry**, Parent
- **Sarah Santora**, Foodshare, Inc.
- **Sally Sherman**, Vernon Public Schools
- **Paul Vivian**, Graustein Memorial Fund
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- **Todd Schneider**, Rockville Church of the Nazarene
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- **Roger Wiley**, Vernon Public Schools

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- **Town of Vernon**

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INTRODUCTION

WHAT IS A COMMUNITY PLAN?

Traditionally planning is undertaken by a small group of people tasked with designing the future direction of a certain stand-alone program or organization. A Community Plan is developed with input from broad audiences, with the idea of allowing the community as a whole to agree upon a set of top priorities and to provide a detailed plan by which the different community entities and citizens will work together to achieve certain changes within the community, and to hold one another accountable for achieving desired results.

BACKGROUND

The Vernon Community Network (VCN), initiated in 2003 by a team of community stakeholders, is a collaborative of providers interested in coordination of social, health and educational services. Most recently, the VCN recognized the challenges facing the community given the change in statute regarding youth ages 16-18 that have previously been eligible for the Family with Service Needs program. Given the new lack of consequence, behaviors such as truancy and running away, the VCN identified a need for a planned response and thus applied for, and received funding from the Hartford Foundation for Public Giving. The grant allows for a community planning process that involved all key stakeholders including parents, youth, professionals and community organizations. In 2010 the Graustein Memorial Fund awarded a grant to include a focus on children birth-8, thereby providing opportunity for the creation of a comprehensive plan for improving outcomes for all Vernon children Birth-18.

A UNIQUE OPPORTUNITY

These grants allows for a proactive approach to planning for the successes of ALL Vernon children and youth. Specifically this community plan gives Vernon a chance to think broadly and deeply about what comprehensive and system-wide reforms are needed to attain this desired result. Rather than focusing on individual programs or schools, efforts will be on how the community works together – across these programs and departments and sectors – to improve the lives of children and youth.

APPROACH

The first step was to develop a Leadership Work Group (LWG), a group of leaders who can dive into the details and guide this plan to completion. The VCN is the convener and champion for this effort, with the Vernon School Readiness Council (VSRC) specifically leading the plan development for young children. The LWG is inclusive and capable of reaching out to and consulting with all segments of the community. The process for the ensuing planning will be based on the Center for the Study of Social Policy's community planning framework, with Results-Based Accountability (RBA) at the core. RBA has been officially adopted by the Appropriations Committee of the Connecticut State Legislature as a means for determining funding for all State departments.

HOW TO NAVIGATE THROUGH THE VERNON COMMUNITY PLAN FOR CHILDREN AND YOUTH

This plan is divided into three main sections – *Children*, *Youth*, and *Community* and are based upon the Result Statement:

ALL VERNON CHILDREN BIRTH – 18 ARE SAFE, HEALTHY AND PRODUCTIVE

Areas of Focus – To achieve this end result each of the following need to be addressed:

1. **Safe** – Children and their families must live in safe homes and neighborhoods, and have access to safe schools and places of recreation.
2. **Healthy** – Children and their families need to have access to high quality, affordable care that focuses on physical, emotional and behavioral health. There must be a continuum of care spanning across education, information, diagnosis and treatment.
3. **Productive** – Children and their families need to have opportunities and experiences that will prepare them to be successful learners, beginning in the early years and leading to post-secondary education and/or the world of work.

Four guiding questions are used in each section:

What Do We Know? – Where Are We Now?

- **Headline Indicators** – The LWG analyzed data in each of the strategic areas of focus and identified Headline Indicators that serve as a baseline for all recommended strategies that will lead us to our desired end result. Each section has graphs to depict what we know to be current conditions in each of the Strategic Areas, and additionally reflect trends in that area.
- **Secondary Indicators** – These have been identified as supporting data to the headline indicator. There may be additional work to be done in gathering/collating data, analyzing the data, and designing strategies for implementation to impact the trend identified.
- **Current Conditions & Impact** – Along with the indicator is a narrative description of what we believe to be “the story” behind that baseline, supported by community input that was collected via multiple focus groups, interviews, and a survey. A force field analysis was completed by the LWG and Content Area Experts to gain a common understanding of conditions that contribute to a negative trend and positive approaches that could “turn the curve” on the current condition.

What Are We Doing? – The current programs, services and systems that exist in one form or another that address a certain area of focus.

What Can We Do? – to make a difference in the Headline Indicator, this includes information on best practices both locally and beyond town borders.

- **Strategies and sub-strategies** – Based on what we know about the data, current conditions, and forces at work, strategies were developed that LWG members believe will make a positive impact on changing the negative direction of the various trends. Sub-strategies reflect a collection of actions to develop for implementation.

- **Data Development Agenda (DDA) and Research & Information** – While some data would be valuable and informative to this approach, there are times when certain data is not gathered in any systematic way or is inaccessible. The DDA allows for a documentation of a desired data set, with the intention of developing a way to collect it locally if at all possible. Additionally, theories as to suitable strategies and actions to employ in an effort to “turn the curve” on troubling trends are best tested in research of possible causes, effects and best practices.

How Will We Know We Have Been Effective?

“Our Work + Our Performance = Difference Made For People We Serve.”

- **Performance Measures** – The LWG recognizes the need to hold themselves and the community accountable for making a difference in the trends and thus are in need of program measures that respond to three guiding questions: *“How much did we do? How well did we do it? Is anyone better off?”*
- **System Measures** – It is understood that programs operate within larger systems and that those systems interface with one another at various times and to varying degrees. For example, communications are critical to successful program administration and operations. These systems must also be analyzed for effectiveness in leading us to our end result.

ABOUT VERNON

Adapted from Vernon Plan of Conservation and Development – (12/09), Town of Vernon website, the Community Status report on Young Children in Vernon, CT (12/07), and the US Census Bureau's American Community Survey 2005-2009.

HISTORY

Originally called North Bolton, the Town of Vernon, CT was established in 1808. Vernon contains the borough of Rockville, incorporated in 1889, as well as the smaller villages of Talcottville and Dobsonville. In the early 1800's, Vernon was predominantly an agricultural community, and slightly over 800 people called it home. With a rural landscape, travel to outlying towns became difficult and by 1836, residents of Rockville found it inconvenient to travel to Vernon's center, which held the towns' church, meeting house and school, so they built their own. By 1856, residents began alternating between Vernon center and Rockville for Town meetings, which contributed to less interaction between residents of the same town. By the mid 1800's, as technology improved and the desire to travel more efficiently grew, a railway spur branched through Vernon, connecting it to larger cities such as Hartford and Providence.

INDUSTRY

Vernon boasts 17.7 square miles of land and 0.3 square miles of it water, including two rivers within its 18.03 sq mile borders. These natural resources formed the foundation for a thriving mill industry, which harnessed the power generated from these waterways. From 1821 to 1952, the Hockanum River alone boasted thirteen mills along its banks, producing cotton, twine, paper, silk products, wool, and stockinet. The cloth for the inaugural suits for Presidents William McKinley and Theodore Roosevelt were produced in Vernon adding to a sense of pride for the area. With the prosperities of the mill industry, came jobs, homes, families and prosperity. These mills thrived until early 1900. When WWII started, many of the mills moved to the South and with this move, Vernon saw its economic boom collapse.

Based on the US Census Bureau's American Community Survey 2007-2009, 73.2 percent of Vernon residents are in the workforce. A majority of its residents (16 years and older) work in the following occupational fields: Educational Services, Health Care, and Social Assistance (25 percent), Manufacturing (14 percent) and Finance and Insurance, and Real Estate and Rental and Leasing (12 percent) and Retail Trade (11 percent). The median income of households in Vernon is \$67,233.

GOVERNMENT

Since 1970, the Town has operated under a Mayor/Town Council form of government, subject to approval by the Town's electorate at Town Meetings on certain appropriations and the Annual Budget. The Mayor of Vernon is Chief Executive Officer of the Town, and is charged with management of the Town's Government, annual budget for all departments and agencies including the Board of Education, its finances, its employees and carrying out rules, regulations and compliance with the law. The twelve-member Town Council is the exclusive legislative body, with the powers and duties of the Board of Finance with respect to the Board of Education budget and financial program. Both the Mayor and the Town Council are elected on a partisan basis for two-year terms. The Town holds an Annual Town Meeting for the consideration of its budget on the fourth Tuesday of April, as determined by the Town Council. The annual budget becomes effective only after it has been approved by a majority vote of qualified voters present and voting at such meeting. The vote may neither increase nor decrease the amount approved by the Town Council.

DEMOGRAPHICS

According to the *American Community Survey 2005-2009*, Vernon's population during this time was approximately 30,000 residents, with a median age of 40.6 years. Nineteen percent of the population was under 18 years and 16 percent was 65 years and older.

Race

97.8 percent of Vernon's population indicates their racial make-up as one race, with 74.5 percent White, 12.4 percent Black/African American, 4.4 percent Asian and less than 1 percent described as American Indian/Alaska Native.

Housing & Households Characteristics:

In 2007-2009 there were 13,000 households in Vernon. The average household size was 2.3 people. Families made up 62 percent of the households in Vernon. This figure includes both married-couple families (47 percent) and other families (14 percent). Non-family households made up 38 percent of all households in Vernon. Most of the nonfamily households were people living alone, but some were composed of people living in households in which no one was related to the householder.

Occupied Housing Unit Characteristics:

In 2007-2009, Vernon had 13,000 occupied housing units – 61 percent owner occupied and 39 percent renter occupied. One percent of the households did not have telephone service and 4 percent of the households did not have access to a car, truck, or van for private use. Multi-vehicle households were not rare. 40 percent had two vehicles and another 19 percent had three or more.

Housing Costs:

The median monthly housing costs for mortgaged owners was \$1,744, non-mortgaged owners \$707, and renters \$885. 35 percent of owners with mortgages, 16 percent of owners without mortgages, and 41 percent of renters in Vernon spent 30 percent or more of household income on housing.

POVERTY/ GOVERNMENT PROGRAMS

In 2007-2009, seven percent of people were in poverty. Ten percent of related children under 18 were below the poverty level, compared with four percent of people 65 years old and over. Seven percent of all families and 35 percent of families with a female householder (no husband present) had incomes below the poverty level.

GEOGRAPHIC MOBILITY

In 2007-2009, 88 percent of the people living in Vernon were living in the same residence one year earlier; six percent had moved during the past year from another residence in the same county, four percent from another county in the same state, two percent from another state, and less than 0.5 percent from abroad.

EDUCATION AND SCHOOLS

There is also diverse educational attainment of Vernon's residents over aged 25. In 2007-2009, 90 percent of people 25 years and over had at least graduated from high school and 30 percent had a bachelor's degree or higher. Ten percent were dropouts; they were not enrolled in school and had not graduated from high school.

The total school enrollment in Vernon was 7,000 in 2007-2009. Nursery school and kindergarten enrollment was 980 and elementary or high school enrollment was 3,900 children. College or graduate school enrollment was 2,100.

Each school works to establish its individual school environment or identity, encouraging students' and their families' full participation in their development (academically, socially and emotionally) and making school a place where differences can be valued and encouraged.

CHILDREN

Birth – 8

Safe, Healthy, Productive

- Prenatal Care
 - *Babies Born at Low Birth Weight*
- Child Abuse and Neglect
 - *Risk Factors Associated with Child Abuse & Neglect*
 - Children Living with Single Parent*
 - Children Living below Poverty Level*
- Preschool Experience
- 3rd Grade CMT Reading
 - *3rd Grade Reading CMT Scores by School*



CHILDREN (Ages Birth – 8)

I. PRENATAL CARE

A. WHAT WE KNOW – Where Are We Now?

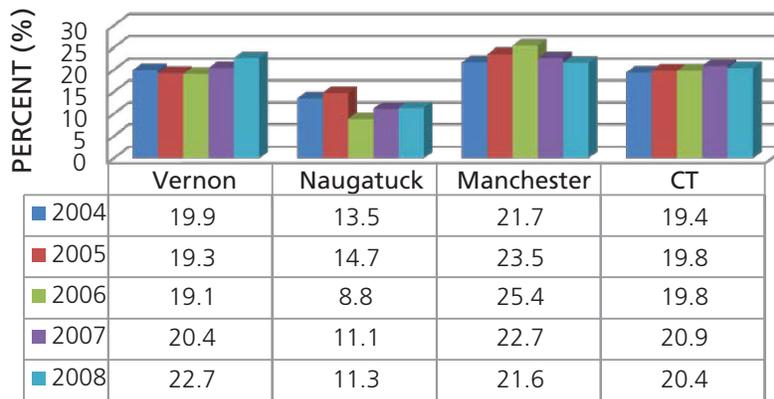
Adequate prenatal care is important to the overall care of pregnant women, and to the healthy development of their babies. It is during the prenatal care visits that medical experts can evaluate any medical and social risks, provide treatment of some problems, and referrals for any needed support services. Additionally, it is a time for expectant mothers and fathers to talk about both maternal and infant health. Adequate use of prenatal care is known to positively affect birth weight, full-term deliveries, and overall healthy development of the baby at delivery and beyond.

Headline Indicator: Non-Adequate Prenatal Care

BASELINE DATA

Women Receiving Non-Adequate Prenatal Care*

*CT Department of Public Health: Vital Statistics, Table 4



1. Current Conditions

The CT Department of Public Health uses the definition for adequacy of prenatal care (PNC) as described in the “Adequacy of Prenatal Care Utilization Index” (APNCU) from the University of North Carolina, Chapel Hill. Adequacy of PNC is viewed as having two parts – Initiation of Prenatal Care, and Adequacy of Received Services. Both of these are based on timeliness. The belief is “the sooner the better” for PNC, preferably within the first trimester. Adequacy of Received Services identifies timing of care following the initial visit up until delivery. This is to help determine if a woman receives enough PNC visits – based on the standard of one visit per month for 28 weeks, one visit every two weeks through 36 weeks, and weekly visits thereafter.

The graph above provides five consecutive years of data, the most recent available from the CT DPH. On average 20.28%, or approximately 72 Vernon women received non-adequate prenatal care each year, higher than the state average of 20.06%. This is significant when comparing Vernon to the 11.9% of women in Naugatuck, a community very much like Vernon in population, education and economic make-up. Also of note is that the average for women receiving non-adequate prenatal care over a five year period is 22.98% in Manchester, a community nearly twice the size of Vernon. Local health providers/professionals believe that there are many issues that contribute to nearly one quarter of women in a year who receive non-adequate prenatal care. Vernon has many available service providers – ECHN/Rockville General Hospital Maternity Care Clinic, the local OB-GYN doctors/practices, and the East Hartford Community Health Center/Vernon satellite office at the Cornerstone.

So if availability is not a problem – what is? The following is a list of possible factors:

- Lack of insurance or lack of knowledge of how to access insurance
- A belief that if someone is on state insurance (HUSKY) they must get their prenatal care in Hartford.
- Women have to reapply for HUSKY after delivery.
- CT DSS office in Manchester is understaffed to enroll women in a timely manner.
- Transportation
- Reluctance to contact a doctor and share personal information with them.
- Lack of understanding of the importance of prenatal care, and the inherent risk factors for their unborn baby.
- Inability to get time off from work for their visits.
- Inconsistency of doctor's availability in a practice or location.
- Unequal reimbursement rates for OB care and GYN care
- Variations in medical advice for when a woman should begin prenatal care

Further emphasizing the need for improving the percent of women who receive adequate prenatal care is the fact that Vernon is one of 39 towns in CT identified in the "Statewide Needs Assessment for Maternal, Infant and Early Childhood Home Visiting Programs," (September 2010) as in "moderate to high need" for maternal & infant and/or early childhood services. Vernon is the only town in Tolland County identified as such. DPH identifies the criteria used in their determination to include unemployment rates, excess low birth weight, excess non private insurance, children living in poverty, child abuse and neglect, low 3rd grade CMT scores and high school drop-out rates.

A challenge remains in reaching the women who are most hard-to-engage in this discussion. Until we speak directly to these roughly 72 women per year and hear their "story," we will continue to struggle to make a difference in Vernon-based data. It is not always timely nor reliable, and often anecdotal rather than statistically valid.

2. Impact on Mother and Baby

According to research, two of the major consequences of non-adequate prenatal care are infant mortality and low birth weight. According to the Connecticut Department of Public Health (DPH), between 2004 and 2008 there were, on average, three infant deaths in Vernon annually.

NOTE: There is not a direct correlation documented between these deaths and non-adequate prenatal care.

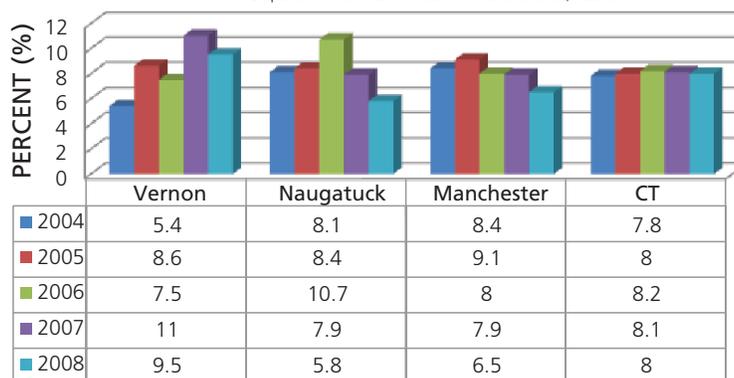
More prominent and more in need of further analysis is the rate of low birth weight in Vernon as compared to similar communities and the State. The graph below shows that there has been fluctuation in Vernon, with the most prominent increases in the last two years reported and that Vernon outpaces these towns and the State.

Secondary Indicator: Low Birth Weight

BASELINE DATA

Babies Born at Low Birth Weight*

*Less than 5.5 pounds regardless of gestational age
CT Department of Public Health: Vital Statistics, Table 4



There are additional risks inherent in non-adequate prenatal care such as missed opportunities for preventive testing for mother and baby, the monitoring the growth and development of the baby and the treatment of any complications. Prenatal visits are a time for counseling and guidance with linkages made to critical support services, e.g., Women Infants and Children (WIC) and HUSKY.

B. WHAT ARE WE DOING?

A coordinated system for outreach and identification of newly pregnant women does not currently exist in Vernon, although there are efforts that occur throughout various organizations in town. Local experts identified both Health and Child Development classes at Rockville High School as the primary opportunities for raising awareness and educating young people on the importance of adequate prenatal care.

The next opportunity for connecting with pregnant women who may not be receiving such care occurs most often at Rockville General Hospital's Maternity Care Clinic and in programs such as Nurturing Families, Early Head Start and the Maple Street School Family Resource Center. According to providers, the majority of these women are well into their second or third trimester of pregnancy at the time of enrollment.

Other places that provide education in relation to adequate prenatal care include OB-GYN Offices and agencies, Women Infants Children (WIC), East Hartford Community Health Care, the community baby shower and the 2-1-1 InfoLine.

Finally, an untapped, rich resource is the "informal" peer network, which is most likely to connect with women in the earliest stages of their pregnancy.



C. WHAT CAN WE DO?

In order to have a positive effect on the rate of non-adequate prenatal care and corresponding low birth weight of babies, it is important to reach these women pre-pregnancy or in their first trimester. This will take an effort by the Vernon community that builds on existing programs and services while introducing innovative approaches.

1. Additional data collection and analysis on non-adequate prenatal care and low birth weight as they relate to race and ethnicity, age of mother, and mother's level of education.

2. Explore opportunities for expanding home visitation services in Vernon.

- a) Research Child First (Bridgeport) to assess opportunity for replication locally.
- b) Assess the possibility of expanding Nurturing Families outreach efforts.

3. Create a multi-pronged approach to raising awareness on the importance of adequate prenatal care.

- a) Meet with Rockville High School Health teachers to discuss curriculum expansion.
- b) Connect with local pharmacies for planned display of informational materials.
- c) Expand scope and eligibility for community baby showers to include all income levels.
- d) Enhance use of existing media such as organizational websites and community newspapers.
- e) Identify and train peer/adult mentors to serve as neighborhood resources.
- f) Include prenatal care booths and vendors in Vernon Holistic Fair.

DATA DEVELOPMENT AGENDA (DDA) – Childhood Obesity

Healthcare practitioners define obesity in different ways. The U.S. Surgeon General, Dr. Regina Benjamin recently stated that the most common thing that physicians and other clinicians use is the BMI (Body Mass Index), the relationship between height and weight. She noted, however, that someone could have a BMI that is outside of the range and still be perfectly healthy. Given this discrepancy, most people are starting to move to the percentage of body fat as a much better indicator, according to Dr. Benjamin. Ways in which to do this comprehensively are being explored. Further, some family physicians who see the entire family, women and children, have raised a concern about the lack of specific guidelines that would help them in their working with childhood obesity.

In order to combat chronic disease, the Connecticut Department of Public Health is in the process of creating "*Connecticut's Plan for Heart Healthy, Smoke Free, & Physically Fit Communities 2011-2016*". This plan offers insight in the chronic health issue of childhood obesity. The Vernon Public School Wellness Committee will serve as the link to this statewide planning process and its local implementation.

D. HOW WILL WE KNOW WE MADE A DIFFERENCE?

- How much did we do?
- How well did we do it?
- Is anyone better off?

II. CHILD ABUSE AND NEGLECT

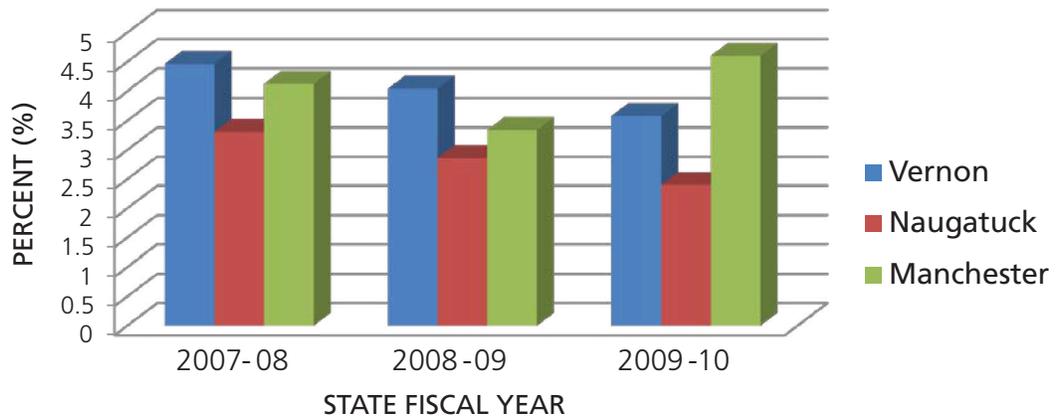
A. WHAT WE KNOW – Where Are We Now?

All children deserve to be safe within their homes and in their community. To gain an understanding of how many Vernon children between the ages of Birth to 8 are victims of child abuse and neglect, the LWG examined data from the CT Department of Children & Families (DCF), where investigators apply an approved protocol for such a determination. Over the last three years for which data is reported (State Fiscal Years 2008-2010), comparison was made with two other towns – Naugatuck being of similar population, education and economic make-up, and Manchester, a neighboring city nearly twice the size of Vernon.

Headline Indicator: Child Abuse/Neglect

BASELINE DATA

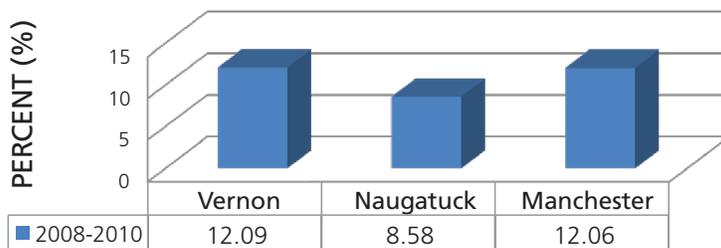
Children Birth-8 with Substantiated Allegations of Child Abuse/Neglect



The first graph depicts a higher percent of Vernon children aged Birth to 8 with substantiated abuse and neglect as compared to Naugatuck. Two out of three years there was a higher percentage than neighboring Manchester. There has been a slight decrease in substantiated allegations over the three-year period yet no clear understanding of “why.”

When looking at the three years in aggregate form (2nd graph), Vernon’s incidences of abused and neglected children are higher than both Naugatuck and Manchester

3 Year Aggregate of Children Birth-8 with Substantiated Allegations of Child Abuse/Neglect



IS THIS OKAY?

Between 2008 and 2010 (state fiscal year) there were 338 Vernon children who were victims of abuse and neglect, which on average, is 112 children annually. National research indicates that children suffer higher rates of abuse and neglect in the earliest years of their life. Children under the age of three are the most vulnerable and thus are the most frequent victims of child abuse, and *Vernon is no exception.*

1. Current Conditions

To help us understand the “Why” of the documented cases of child abuse and neglect in Vernon, we first agree that it knows no economic, social or racial bounds. However, we do know that there are *significant risk factors* (see sidebar) which may lead to abuse and neglect. Whether you live in Vernon or another community, the family characteristics and risk factors remain consistent. When looking at Vernon, the correlation of the first two of the **Risk Factors** (see 1st graph) and the documented concentration of economically stressed and single parent households appear to be centralized in specific geographic locations (see 2nd graph). Therefore, it is likely that the majority of children most at risk of being abused and neglected live in the households in these specific locations. It is reasonable to believe that efforts to reduce the numbers of children living in poverty and single-parent head of households will reduce the number of children abused and neglected. The following graphs provide the evidence.

RISK FACTORS Associated with Child Maltreatment

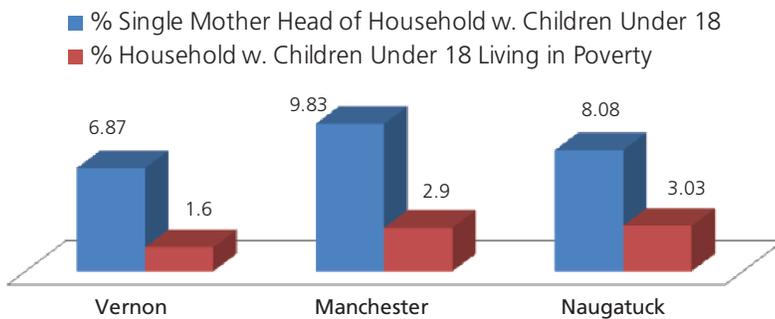
- Children living with single parent
- Children living below the poverty line
- Active substance abuse and mental health issues
- Criminal history
- Lack of child supervision
- Siblings with different fathers
- The absence of positive relationship between child and father
- Teen parenthood

Child Welfare Information Gateway

Secondary Indicator: Two Risk Factors

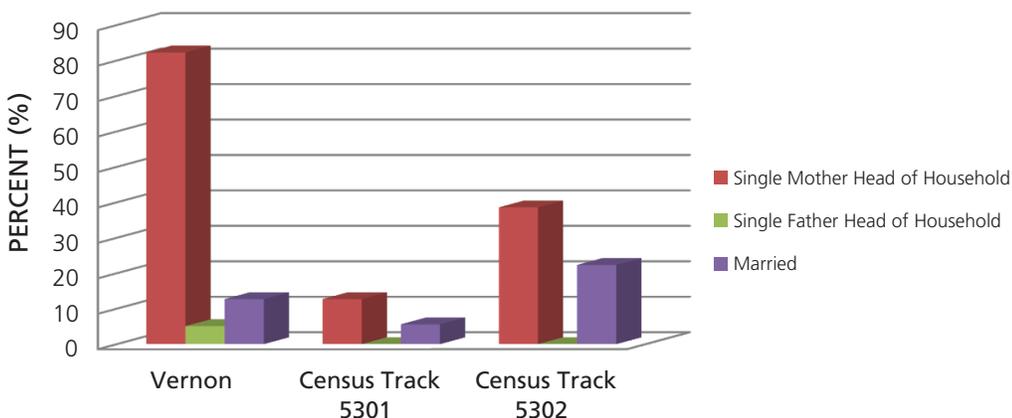
BASELINE DATA

Two Risk Factors Associated with Child Abuse & Neglect



Household Type by Geographic Location for Children < 18 Living in Poverty

Census 2000



What is Child Abuse & Neglect?

Abuse

“a non-accidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by the person responsible for the child’s care.”

Neglect

“the failure (whether intentional or not) of the person responsible for the child’s care to provide and maintain adequate food, clothing, medical care, supervision, and/or education.”

*CT Dept. of Children & Families



2. The Impact on Children

Research conducted by the Child Welfare Information Gateway indicates that the impact of child abuse and neglect is both short and long term. Some of the most common physical, psychological, behavioral, and societal consequences are noted **in the inset**.

Locally, the *Community Status Report on Young Children in Vernon, CT* reports “children who are not safe in their homes or communities, who witness or experience some form of violence or abuse are more likely to have problems with their development.” The Vernon Community Network and the Vernon School Readiness Council remain concerned that during the past three years, there are cyclical patterns of abuse and neglect experienced by Vernon families who are currently living in “at risk” situations.

B. WHAT ARE WE DOING?

Protective factors are traits that are present in families and communities that help to increase the well-being of children and families. These traits serve as cushions, helping parents to find support resources, or coping strategies that allow them to parent successfully, even under pressure. These include parental resilience, social connections, knowledge of parenting and child development, and concrete support in times of need. Currently, Vernon has both voluntary and mandated services available for families. The goal of the LWG is to assist families at risk before a crisis occurs.

1. Nurturing Families Network is a no-cost, voluntary primary prevention program that provides information, guidance and assistance to first-time parents. The network offers three distinct, interwoven services: Home visiting, parent education groups, and nurturing support connections through volunteer contact.

Nurturing Families has been rigorously researched and shown to successfully identify, engage and assist first-time parents assessed to be at-risk of harming their children, while also reducing the incidence and severity of child abuse and neglect. Studies by the University of Hartford’s Center for Social Research indicate that parents in the program make significant gains in education, employment and self-sufficiency; spend more time with their children; and become more sensitive to their needs.

The **Kempe Family Stress Checklist** is the research-based tool used to assess the likelihood that a first-time parent will abuse or neglect his/her child, thus qualifying for the program. Indicators are included in the box.

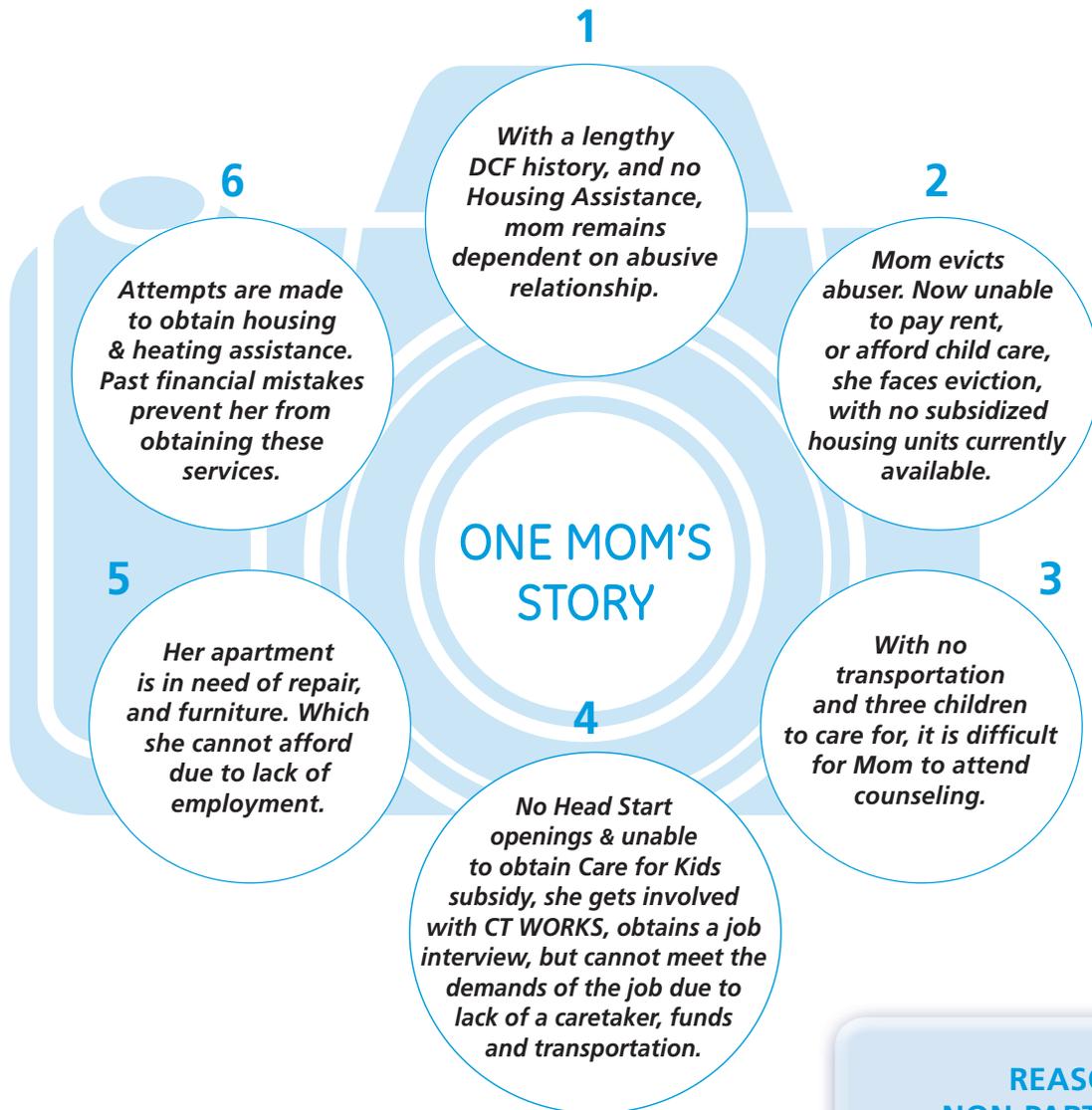


Impact of Child Abuse & Neglect

- Affect an individual’s physical and mental health
- Negative effects on physical development, including brain development in the early years
- Isolation, fear, and an inability to trust
- Low self-esteem, depression, anxiety and relationship difficulties
- Higher incidences of many health problems
- High-risk behaviors such as smoking, substance abuse, overeating, and sexual risk-taking
- A likelihood of engaging in juvenile delinquency, adult criminality, and violent behavior

KEMPE Family Stress Checklist

- Parent beaten or deprived as a child.
- Parent has a criminal, mental health, or substance abuse history.
- Parent has been suspected of abuse in the past.
- Parent demonstrates low self-esteem, social isolation, depression, and has limited “lifelines”.
- Parent experiencing multiple crises or stresses.
- Parent’s potential for violent temper outbursts.
- Parent has rigid and unrealistic expectations of child.
- Harsh punishment of child.
- Child difficult and/or provocative as perceived by parents.
- Child unwanted or at risk for poor bonding.



2. Fragmented System – Compounding the problem of ongoing abuse and neglect is the “system” in which these programs and services operate. The current system is fragmented, some believe as a result of insurance barriers, confidentiality restrictions, a lack of interagency communications and other factors which cause families to run between organizations to obtain assistance in a piecemeal manner, ultimately causing frustration to both service seekers and providers.

3. Parent Education is a key component to reducing child abuse and neglect. Although Vernon hosts multiple opportunities for parenting programs including faith-based organizations, schools, community non-profit groups, court systems and Department of Children and Families, there are challenges to getting parents to participate and many of these programs are under-utilized.

REASONS FOR NON-PARTICIPATION IN PARENT EDUCATION PROGRAMS

Some issues facing parents are fatigue, physical and emotional disabilities, and lack of centralized information for parent education. Additionally cited:

- No transportation to programs
- No compensated time off, childcare issues
- Sense of isolation (I am the only one with this problem)
- Denial of the gravity of child’s issues
- Sense of hopelessness
- Classes may not be culturally responsive
- Lack of knowledge of parenting skills and child development
- Lack of trust

Protective Factors; www.childwelfare.gov

C. WHAT CAN WE DO?

The Vernon Community Network and Vernon School Readiness Council agree that a coordinated approach involving local, regional and state partnerships is most effective in addressing issues of abuse and neglect. The following proposed strategies implemented locally, will make a difference for children Birth to 8 who are suffering and/or at risk of abuse and neglect.

1. Develop a coordinated system of response for identified families.

- a) Establish a Child Advocacy Team (CAT), to create a collaborative approach to aid and assist families with complex service needs.
 - Assess opportunity to redeploy existing resources
 - Seek new funding
- b) Capture historical (situational) responses of Vernon Community Network to date to map future responses.
- c) Reduce barriers to participation in existing parent education programs.
- d) Implement mentoring programs, based on the *Parent-Aide* model, a system for long-term commitment to families who exhibit the risk factors connected with child abuse and neglect.
- e) Expand Nurturing Families Network screening and services in order to identify **all** families who present with risk factors for abuse and neglect and connect them with services.

2. Increase the capacity of the Vernon Community Network and its members to better meet the needs of children and families.

- a) Conduct Asset Mapping of Vernon Community Network – individual, group and community members
 - Host a Vernon Community Network Agency Fair – increasing awareness of existing services and resources
 - Make targeted linkages by connecting community needs to the appropriate VCN provider or organization.
- b) Create a coordinated calendar of training and technical assistance opportunities throughout the community.
 - Program Performance and Accountability

D. HOW WILL WE KNOW WE MADE A DIFFERENCE?

• How much did we do?

- # of community volunteers who register for mentor training.
- # of VCN members who attend capacity-building sessions.

• How well did we do it?

- % of volunteers who attend all mentor training sessions.
- % of VCN members who attend capacity-building sessions.
- % of VCN members who participate in the development of a coordinated system.

• Is anyone better off?

- % of trained volunteers that have increased ability to mentor others.
- % of VCN members who report using acquired capacity-building skills in their work environment.
- % of VCN members who adopt a common screening tool.

III. PRESCHOOL EXPERIENCE

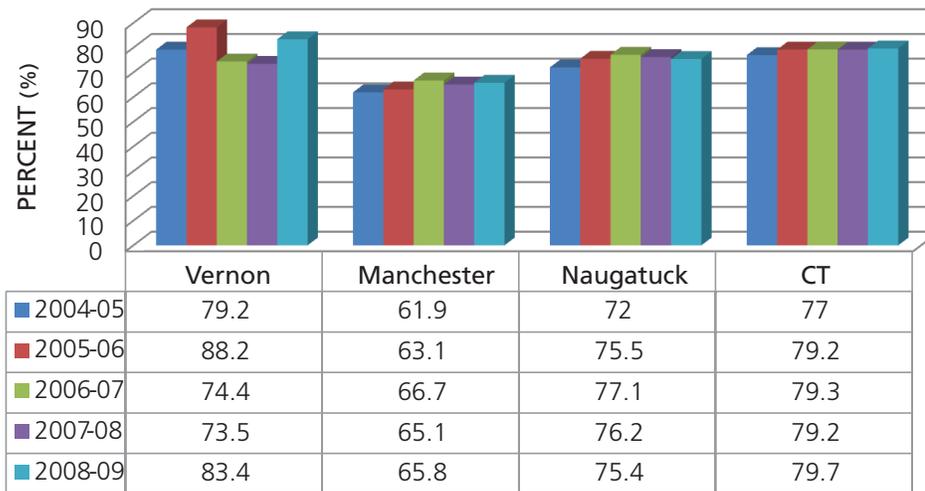
A. WHAT WE KNOW – Where Are We Now?

Preschool experiences are critical to the overall educational outcomes for children. Research states that children with a quality preschool and early care experience perform better academically with a decreased need for special education. Additionally they are less likely to engage in criminal behavior or to drop-out of school as they age. Studies also show that the positive effects are there well into adult years, for both the individual and to society as a whole with higher rates of employment and less dependency on government supports (Perry Preschool Project, Chicago, 2000).

Headline Indicator: Preschool Experience

BASELINE DATA

Kindergarten Students Who Attended
Preschool, Nursery School or Headstart



1. Current Conditions

According to the CT State Department of Education (SDE), Education Data & Research (CEDaR) reports, Vernon fares well in comparison to the similar community in size and demographics as well as a neighboring community twice the size – both are in the same District Reference Group (DRG) as Vernon. Additionally Vernon remains close to or above statewide levels.

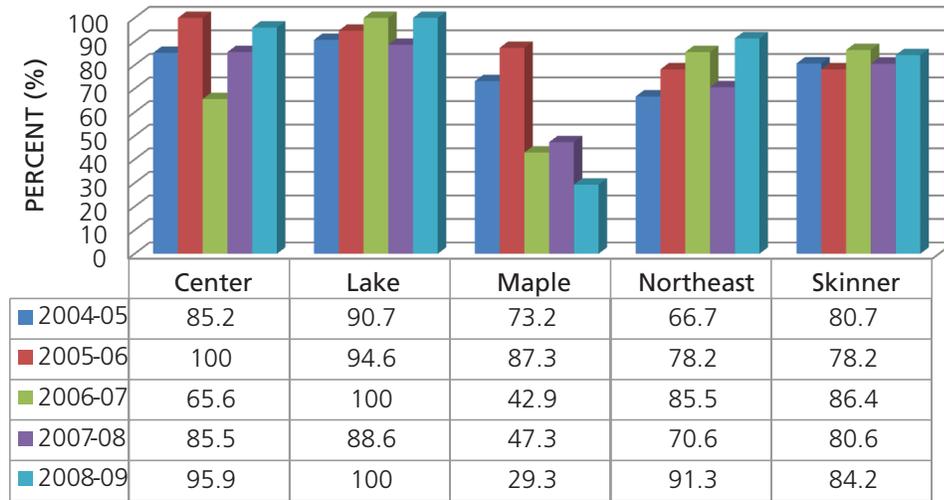
When looking at preschool experience reported by each of the elementary schools in the District, the result is noticeably different. While Center Road and Lake Street school kindergarteners consistently come into school having had a preschool experience, Northeast and Skinner Road have lower percentages, while Maple Street has experienced significantly low percentages of the same. In fact, in the most recent year reported, only 29.3% of Maple Street School kindergarteners had a preschool experience.

“The brain develops to 90% of its capacity in the first five years of a child’s life.”

*CT Commission on Children
newsletter: “School Readiness
and Early Reading Success”*

December 2004

Kindergarten Students Who Attended Preschool, Nursery School, or Headstart



1. The earliest years count
 2. Parents and families matter
 3. School Readiness is more than words and numbers
 4. School unreadiness costs
 5. With so many parents working, we need to get this right
 6. Quality matters
 7. Investments pay off
- From 7 Things CT Needs to Know About Early Childhood – In Brief
Hartford Courant, February 2005*

We must understand further the landscape of early education opportunities in Vernon to better direct our resources to improving the preschool experience for ALL Vernon children – building equity between the elementary schools.

Of issue, however, in furthering our understanding of this information lie two important questions: 1) What is the definition of “preschool experience” and 2) What about the condition of “quality?”

a. What is Preschool?

The CT SDE defines preschool experience simply as “preschool, nursery school, or Head Start.” While the latter is a known program nationally, the other two categories are not defined. This leaves parents to interpret for themselves what they feel is a preschool experience. On the kindergarten registration forms of the past they were simply asked, “Did your child have a preschool experience.” The range of experiences could have been anywhere from “Mom & Me” sessions at a playgroup or library, on up to, and including, a full day, full year program offered at some Vernon centers.

The Vernon School Readiness Council recently developed a kindergarten registration form with questions aimed at getting better information about children’s preschool experience so as to make better decisions on how to assure that all Vernon children had equal opportunity. In the 2010-11 school year, of the 258 registered kindergarteners, 175 parents answered the questions “Where did your child attend preschool?” and “How long did they attend?” The results showed that of the respondents the number of kindergarteners with a preschool experience of two years or more was 97, while 70 children attended preschool for one year, and 8 attended for six months or less. The experience of the other 83 children is not known

b. Where are they Going?

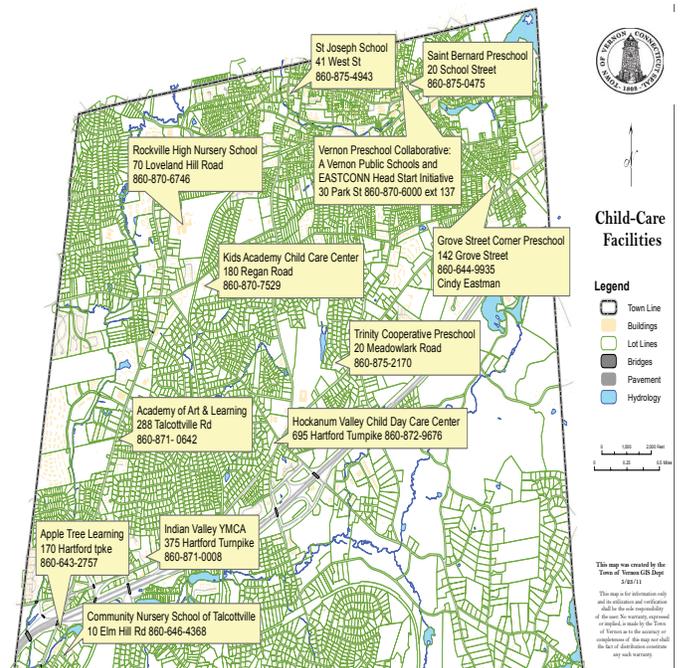
The CT Department of Public Health lists 11 community-based childcare programs in Vernon* as being licensed for childcare, with spaces for 592 preschool children. The Vernon Public School’s Preschool Collaborative, (which includes Head Start) is based in each of the five public elementary schools and offers an additional 130 spaces for preschoolers, for a total of 722 licensed or school-based preschool spaces in Vernon. While it is important to note that other care opportunities exist, such as licensed Family Child Care Providers, Kith and Kin, and Infant/Toddler Care, this Plan addresses the center-based and school-based preschool programs/spaces only.

* **NOTE:** Some parents do enroll their child(ren) in programs out of town that may be close in proximity to their place of employment or family members who may be needed for transportation. This Plan does not include information from or about these other places.

c. What about Quality?

Of the **11** licensed programs, **2** are currently accredited by the National Association for the Education of Young Children (NAEYC) and the Vernon Public School's Preschool Collaborative meets Head Start Performance Standards. These three programs serve a total of **298** children. The remaining eight programs, serving a total of **424** children, are not currently credentialed by either NAEYC or Head Start. They may meet any number of quality criteria but their levels of quality are not formally identified.

Obtaining NAEYC accreditation, considered to be the "gold standard" for high quality early childhood programs nationwide, is an expensive and time-consuming process. Even more critically, maintaining NAEYC standards once accreditation is obtained requires extensive resources and a strong collective commitment on the part of everyone involved. Head Start standards are similarly challenging. According to one local provider, the costs associated with credentialing far exceed the initial application and processing fees. Some estimates are that quality standards can add upwards of 30-40% additional operating costs. Primary of these expenses is increased staff credentials and on-going professional development training. Local providers agree that these costs are variable and difficult to assess given the existing resources. Smaller private centers are ineligible for most state and philanthropic grants, while larger centers and school-sponsored programs may have additional resources such as facilities management, office supplies, and grant funding. As the standards for quality continually increase, necessarily so, costs increase as well.



Licensed Centers – as defined by the CT Department of Public Health in their statutes and regulations pertaining to required health and safety standards.

Accredited Centers – speaks to quality program standards articulated by the National Association for the Education of Young Children (NAEYC)

Head Start Performance Standards – closely aligned with NAEYC quality standards.

Most CT early childhood programs are undercapitalized and parents cannot afford to pay the actual cost of quality services. Programs are already subjected to a bewildering array of regulatory, grant, and other performance requirements that are both costly and time-consuming. These, along with general economic conditions, make reaching and maintaining high quality standard, currently being recognized, a difficult challenge.

2. Impact on Children – Why Quality Preschool Matters

Numerous and extensive studies have documented the lifelong positive impacts of quality preschool education. Children who have had a quality preschool experience generally meet the following criteria:

- Better prepared for kindergarten and elementary school
- More developed social skills
- Better school attendance
- Better test scores, and down the road are
- More likely to graduate from high school, be employed
- Less likely to need public assistance or be incarcerated

10 Quality Components of Early Childhood Programs under Connecticut General Statutes Section 10-16q as amended by Public Act 99-230:

- Collaboration with community and coordination of resources
- Parent involvement, education & outreach
- Health services referrals
- Nutrition services
- Family literacy referrals
- Admission policies that promote racial, ethnic and economic diversity
- Transition to kindergarten plans
- Professional development plans
- Sliding fee scale
- Annual program effectiveness evaluation

Essential components of quality early childhood programs have been well defined. In Connecticut, the School Readiness Initiative is based on the quality accreditation standards of NAEYC, which form the basis for the CT State Department of Education's 10 Quality Components for school readiness programs (see sidebar). Head Start standards reflect similar components.

There are other tools and practices which can offer guidance and pathways to quality besides NAEYC accreditation. Programs may meet some or many quality standards without holding a credential if they are aware of and committed to quality components. However, all quality programs share common standards and characteristics. The impact of quality programs in Connecticut has been documented as well. Dr. Alice Torres' comprehensive 2008 study of school readiness policy and practices in one CT community noted that;

District leaders reported that the quality of the preschool program that a child attends impacts their success in kindergarten. They defined quality early childhood programs as those using established curriculum and assessment standards and maintaining program accreditation.

As part of the initial assessment of the effectiveness of the CT School Readiness Initiative for preschool children in 2000, Dr. Walter Gilliam, Director of the Yale Child Study Center, noted the following:

Classrooms in programs accredited by the National Association for the Education of Young Children (NAEYC) significantly outscored their non-accredited counterparts on virtually every measure of program quality assessed.

B. WHAT ARE WE DOING?

Closing preparation gaps and increasing student achievement begins by strengthening early learning. And over the past five years, the Vernon Board of Education in collaboration with the Vernon School Readiness Collaborative (VSRC) has worked vigorously and actively to keep early childhood education a front burner issue.

- In 2005 the Supervisor of Early Childhood/Special Programs position was created in order to dedicate time towards working with community partners to better prepare children for school success.
- In December 2007 the VSRC commissioned a report on the status of young children in Vernon so as to better address the needs of young children and their families. This report served (1) as a baseline to measure the community's progress toward the overall goal of child well-being for all children ages birth to eight years and (2) as a spark to generate interest in new initiatives designed to improve conditions for Vernon's youngest.
- In January 2008, in an effort to coordinate community practices related to kindergarten transition, the Vernon Public Schools (VPS) Early Childhood Team initiated the first of many conversations with town providers. This effort became more focused on providing professional development to teaching staff and led to the establishment of the professional development subcommittee of the Council, the "Vernon Early Childhood Community of Practice (VECCoP) inclusive of community programs as well as public school preschool and kindergarten staff. This group's early work focused on transition to kindergarten practices, but over time has evolved into a monthly professional development opportunity that addresses group-generated topics such as curriculum standards and assessment, dual language learners, and fine motor development, to name just a few. This ongoing collaboration has proved highly valuable to all involved and the group continues to be committed to aligning practices and building partnerships.

At the present time, the following programs are represented:

Academy of Art and Learning

Apple Tree Learning

Grove Street Preschool

Hockanum Valley Child Day Care Center

Indian Valley YMCA

ECHN Vernon Family Resource Center

Vernon School Readiness Council

Vernon Preschool Collaborative (Public School preschool/Head Start Collaborative)

Vernon Public School Kindergarten Program

- In September of 2009, the VPS Preschool Program partnered with the EASTCONN Vernon Head Start Program to provide high quality early childhood programming for three and four year old children in their home schools. In addition to almost tripling the number of students served (from approx. 60 to 150), this partnership, known as the Vernon Preschool Collaborative, has proven to have many significant benefits,

including shared resources, expanded high-quality professional development, improved transitions for students, and stronger school-family-community connections. Now located within each one of the five elementary schools, the Vernon Preschool Collaborative is enjoying its second year of implementation and continues to seek ways to improve and expand, as we continue to serve Vernon preschoolers and their families. It is believed that this will help increase the percentage of kindergartens district-wide who report on the 2011-12 registration forms that they had a preschool experience.

Additional efforts to increase the availability of high quality preschool to Vernon children have been in place for several years. The Vernon School Readiness Council has spearheaded many of these efforts, including the *Ready, Set School Fair*; publication of a program directory; *Dessert & Discovery* – in partnership with the ECHN Vernon Family Resource Center, a workshop series for both center-based and family childcare providers; and outreach and networking opportunities to the community.

C. WHAT CAN WE DO?

In order to move the high quality early childhood agenda forward, two critical issues must be addressed. First, those involved must come to an agreement about what defines a program as being high quality, and secondly, how do we work collaboratively to help each program meet this definition. Can we identify and create pathways and resources to help programs meet these standards?

At the present time, the following two systems are recognized nationally as being indicative of meeting the definition of high quality: 1) Accreditation by the National Association for the Education of Young Children, and 2) Head Start Performance Standards. It is intended that the *Vernon School Readiness Council's Vernon Early Childhood Community of Practice*, in addition to implementing these national systems, take the following actions:

1. Develop community based-quality standards (e.g. Vernon Early Childhood Quality Indicators) that all preschool programs could work towards.

- a) Expand VECCoP Membership to include all preschool providers in Vernon.
- b) Examine existing quality standards.
- c) Assess current standards and practices at the centers in Vernon.
- d) Adopt quality indicators.
- e) Share with the community to raise awareness of quality standards.

2. Provide coaching and other supports to programs while they work to attain and maintain these standards.

- a) Create Coaching job descriptions, qualifications.
- b) Establish volunteer participation guidelines for providers.
- c) Create a benefit program and assessment procedure for centers needing access to financial support.
- d) Create Resource binders for participating programs/centers

D. HOW WILL WE KNOW WE MADE A DIFFERENCE?

- **How much did we do?**
 - # of preschool programs that participate in the development of agreed upon quality standards for Vernon.
 - # of preschool programs that implement the standards.
- **How well did we do it?**
 - % of preschool programs that increase quality standards based on coaching and other supports provided.
- **Is anyone better off?**
 - % of preschool programs that meet high quality criteria of as defined by the Vernon Early Childhood Quality Indicators.
 - % of kindergarteners who attend a quality preschool as defined by Vernon Early Childhood Quality Standards.

IV. THIRD GRADE CMT READING

A. WHAT WE KNOW – Where Are We Now?

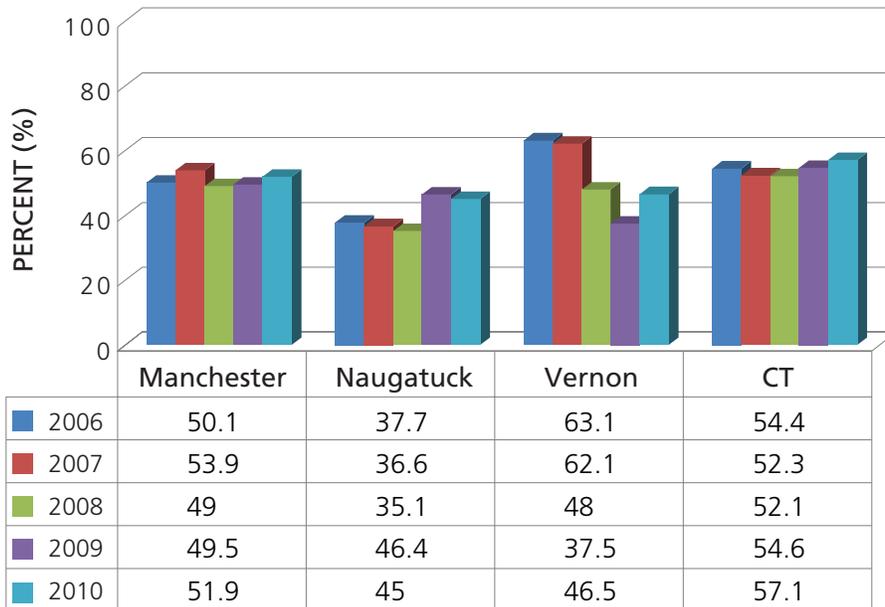
“Deficiencies in early achievement, particularly reading, can often predict later academic failure, and correlate with incarceration and welfare dependency as young adults.” (*Connecticut Appropriations Committee – Part 1, Quality of Life (Population) Result for Early Childhood Care and Education*).

Headline Indicator: CMT Reading

BASELINE DATA

3rd Graders At/Above Goal on CMT Reading*

*4th Generation – CT State Department of Education CEDaR



Source: State Department of Education

1. Current Conditions

A key indicator of success in school is reading on grade level by the end of grade 3. Slightly more than half of all grade 3 students in the state of Connecticut are reading at or above grade level. Vernon lags behind the state average with just under half of its students reading on grade level by the end of grade 3, while it has outperformed some of the communities in its District Reference Group (DRG). There are also notable differences when looking at the results by each of the five elementary schools in Vernon as the following graph depicts.

Connecticut Dept. of Education Student Mastery Testing Scale

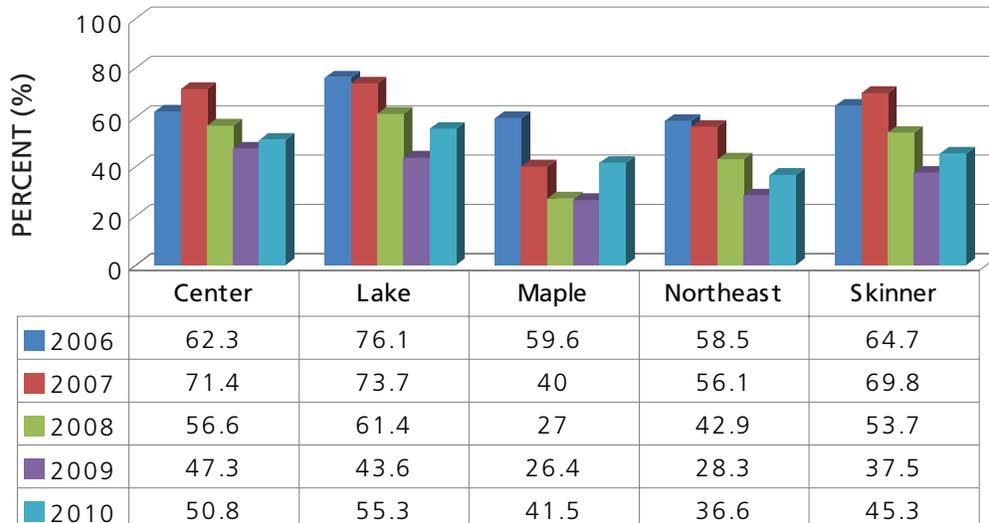
- 5 Advanced
- 4 Goal
- 3 Proficient
- 2 Basic
- 1 Below Basic

Secondary Indicator: CMT's

BASELINE DATA

3rd Graders At/Above Goal on CMT Reading by School and Year*

*4th Generation – CT State Department of Education CEDaR



Source: State Department of Education

a. What is involved in reading success?

A guaranteed viable curriculum is at the core of every reading program. A public school district develops a written curriculum based on national and state standards which includes a purposefully designed set of knowledge and skills which we expect all students to achieve. Once the curriculum is determined, then the search for tools with which the curriculum is implemented begins. This includes the implementation of a core reading series as well as additional support materials that enable all learners to access the curriculum.

b. How do we know if they are successful?

Once we know what we want students to know and be able to do, it is important to assess our students using common assessments. This enables the teachers to determine exactly what each child can do and where there are gaps. Assessment results are used to inform instruction. For those students who are able to perform the work, they are moved to the next level of work. For those who might need more time and/or assistance, there might be remedial work within the class or in addition to the class. In between the common assessments given grade-wide, there are many short assessments that provide the teacher with direction on what learning a child needs on a day-to-day basis.

c. What are some of the challenges?

Reading is a complex task made more complex by the differences between each child. Instruction does not look the same for each child; each child's learning style (auditory, visual, kinesthetic) needs to be addressed for the child to learn. Both the quality and the differentiation of instruction are pivotal to student achievement. Teachers can improve their practice through professional development and collaboration with other teachers.

In Vernon the variation in attainment of pre-literacy skills for children entering kindergarten is great. Some children enter school with a working vocabulary of 5,000 words while others have only 2,500.

2. Impact on Children

Grade 3 is a very exciting time for children in our educational system. They have spent at least three years learning to read by working discretely and holistically on the five components of reading: vocabulary, phonics, phonemic awareness, fluency, and comprehension. If there are deficiencies in any of those five areas it makes it difficult for a child to understand or even to decode what s/he is reading. The result? All learning will suffer. The research shows that children must be reading on grade level at the end of grade 3 in order to succeed in school. It is only a very small percentage of children who cannot read on grade level by the end of grade 3 who will ever “catch up” with their peers in reading. Therefore **early intervention is our key to success.**

We know that reading aloud to children early and often is critical to vocabulary development and an overall understanding of how words and pictures tell stories. There are children who have many books in their homes and have been read to since birth, and there are others for whom this is not the case.

By the time our students are in 3rd grade they are making the switch from *learning to read* to *reading to learn*.

B. WHAT ARE WE DOING?

a. Instruction

Two years ago, the Vernon Public Schools invested in a core reading series to be implemented district-wide in kindergarten through grade 5. Teachers have been using the series with fidelity for two years utilizing not only the core program but exploring and utilizing the ancillary support materials that come with the series. Teachers have provided students with reading materials on each student's individual reading level and have created classroom libraries in which students may choose books on their reading level as well.

b. Assessment

At the beginning of each school year, every student is assessed to determine each child's reading level as well as his or her proficiency in vocabulary, phonics, phonemic awareness, fluency, and comprehension. Teachers then are able to plan lessons for individual children or for small groups of children to address those needs. Each elementary school has an intervention block in addition to the regular reading block during which all students are grouped across the grade level in order that we may address specific gaps and at the same time push our students who are already on grade level to the next level. These groups are re-formed every six to eight weeks in order to continually address gaps and move our students to higher achievement in reading.

c. Review & Revise

The Vernon Public Schools has recently adopted a five-year curriculum review and revision cycle. The reading and language arts curriculum is now in the revision stage. The recently released national Common Core State Standards (CCSS) have been adopted by the state of Connecticut and Vernon is using the CCSS as the framework for revision to our curriculum. A complete revision of the curriculum will provide each teacher with a common set of expectations for all children across each grade level. Common assessments (in addition to the universal screening assessments) will be developed that will allow the district to not only pinpoint the level of achievement of each child on the standards but will inform our instruction and our future curriculum revision. This provides a high level of accountability within the district as well as a mechanism for accountability to the public on the accomplishments of the district.

C. WHAT CAN WE DO?

Children entering kindergarten in the Vernon Public Schools bring a variety of background and preparation with them. There is a wide disparity in the socio-economic status of the families in Vernon (an average poverty rate of 46% in our elementary schools) and that appears to influence the experiences each child has prior to entering school. In addition to a wide range of vocabulary acquisition, there is a wide range of contextual experiences for each child. While we live near farmland, many of our children have never seen a cow. We are relatively near the ocean and some of our children do not have the experience of a day at the beach. Some children do not have home libraries or visit our public library with regularity. In addition, the preschool experiences that our children have are varied in quality.

1. Provide opportunities for preschool children to be exposed to and interact with text and to contextually increase their vocabulary acquisition and background knowledge

- a) Ensure that every child has access to a high quality preschool experience.
- b) Ensure that all children have access to text – put books into the hands and homes of children.
- c) Provide varied opportunities for children to engage in experiences which expand their background knowledge and vocabulary.

2. Provide a guaranteed viable curriculum, delivered through high quality instruction and ensured through a variety of assessments, to which every student has access and multiple opportunities to achieve.

- a) Develop and Implement a reading and language arts curriculum based on national and state standards.
- b) Provide opportunities for teachers to develop and expand their instructional practices.
- c) Differentiate instruction for each learner to ensure that every student has access to the curriculum.
- d) Develop and implement common assessments that measure student achievement of the curriculum and report the results.

D. HOW WILL WE KNOW WE MADE A DIFFERENCE?

• How much did we do?

- # of varied preschool offerings that ensures access to high quality preschool for every child.
- # of preschool providers that regularly reviews and implements pre-literacy skills.
- # of books in the hands of every child at regular intervals from birth to age 5.
- # of varied opportunities for young children to expand their world and build their vocabulary and background knowledge.
- # of complete reading curriculum in the hands of every teacher.
- # of common assessments.

• How well did we do it?

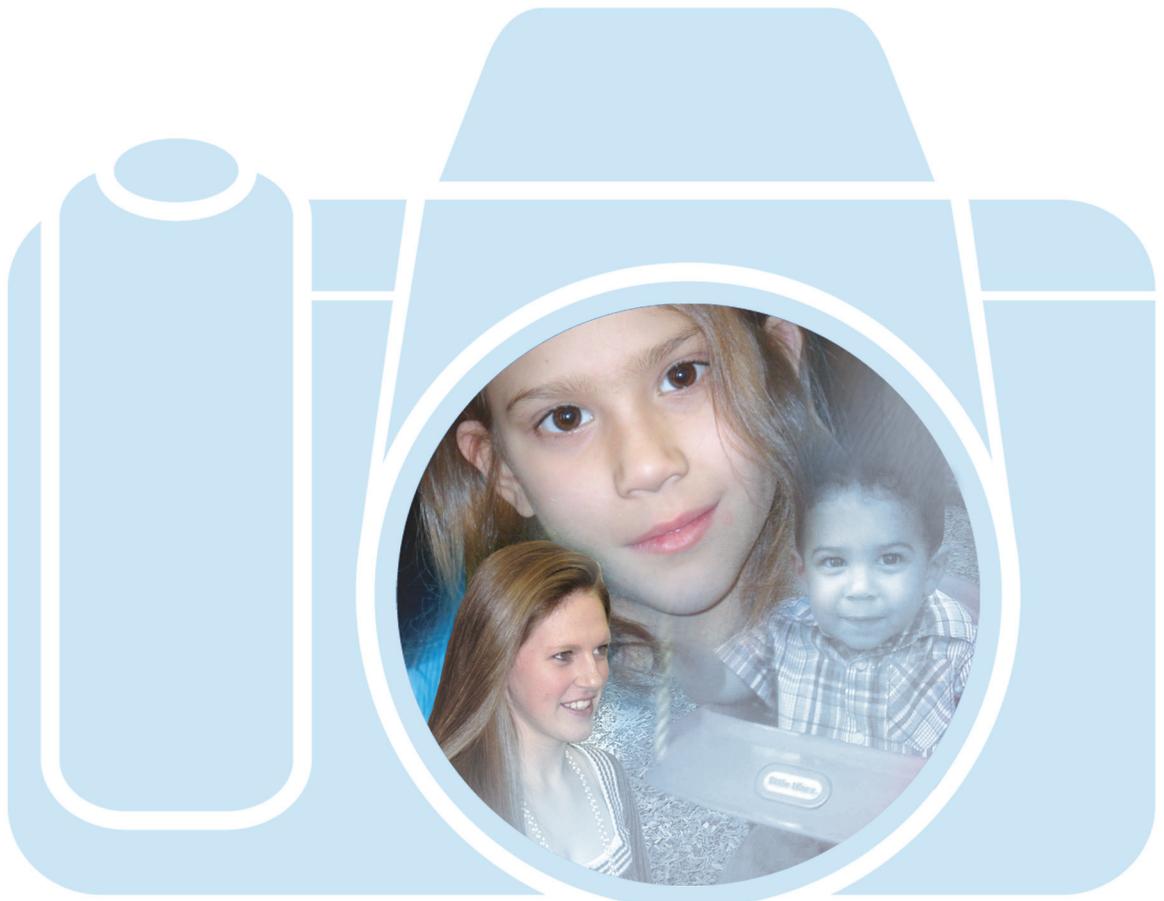
- % of books delivered to children birth to five that are read.
- % of preschool children with varied opportunities for outside learning.
- % of local reading/language arts curriculum implemented with fidelity.
- % of kindergarten students at low risk in letter naming fluency, letter sound fluency, and phoneme segmentation on fall universal screening assessments.
- % of kindergarten students reading at least at the state goal (Level 4 = Level C in Vernon) at the end of kindergarten.
- % of students reading at/above goal at each grade level.

• Is anyone better off?

- % of children who are assessed ready to learn at kindergarten entry.
- 85%-90% of all children will read at least the state goal at the end of kindergarten.
- 100% of children will read on grade level by the end of grade 3.

YOUTH
Ages 9-18
Safe, Healthy, Productive

- Juvenile Risk - FWSN & Youthful Offenders
- School Attendance
 - *High School Graduation*



YOUTH (Ages 9 – 18)

I. JUVENILE RISK – Families with Service Needs (FWSN) & Youthful Offenders

A. WHAT WE KNOW – Where Are We Now?

All children need to be in safe homes, schools and communities, and must *feel* safe in order to thrive. As the *Community Status Report on Young Children in Vernon* states, there is a direct tendency and “likelihood of engaging in juvenile delinquency, adult criminality, and violent behavior, when children are impacted by childhood abuse and neglect”. It is well documented that the trauma of child abuse and neglect can result in children and youth feeling an inability to manage emotions, behaviors (aggressive, destructive and self-harming), and feelings of isolation and loneliness. Collectively, professionals from Rockville Juvenile Court-Probation, Rockville High School, Vernon Police and Department of Children and Families confirm that Vernon youth involved in the court system mirror this description. As a result, Vernon Community Network believes there is strong evidence suggesting that the following data around juvenile delinquent behavior in Vernon can be linked to the child abuse and neglect data previously described in the *Children* section of this plan. The table below outlines the court charges for Vernon youth by age, offense and year.

Headline Indicator: # Vernon Juveniles Referred To the Juvenile Court System

BASELINE DATA

# Vernon Juveniles Referred to the Juvenile Court System By Year and Age						
Age	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	Total
8 yrs	2	0	0	1	0	3
9 yrs	3	0	0	1	0	4
10 yrs	0	1	0	1	1	3
11 yrs	5	1	4	1	1	12
12 yrs	6	6	7	5	3	27
13 yrs	13	16	16	19	10	74
14 yrs	18	14	22	25	11	90
15 yrs	37	27	28	24	35	151
16 yrs	19	12	12	8	16	67
17 yrs	9	10	4	2	3	28
COUNTS	66 Delinquency	37 Delinquency	61 Delinquency	53 Delinquency	63 Delinquency	
	27 FWSN	34 FWSN	22 FWSN	23 FWSN	11 FWSN	
	24 YIC (16&17)	19 YIC (16&17)	13 YIC (16&17)	10 YIC (16&17)	4 YIC (16&17)	

* **NOTE:** The table displays the number of juveniles referred to the Juvenile Court, and while there is not a duplicate count of youth, one youth can incur more than one charge against them.

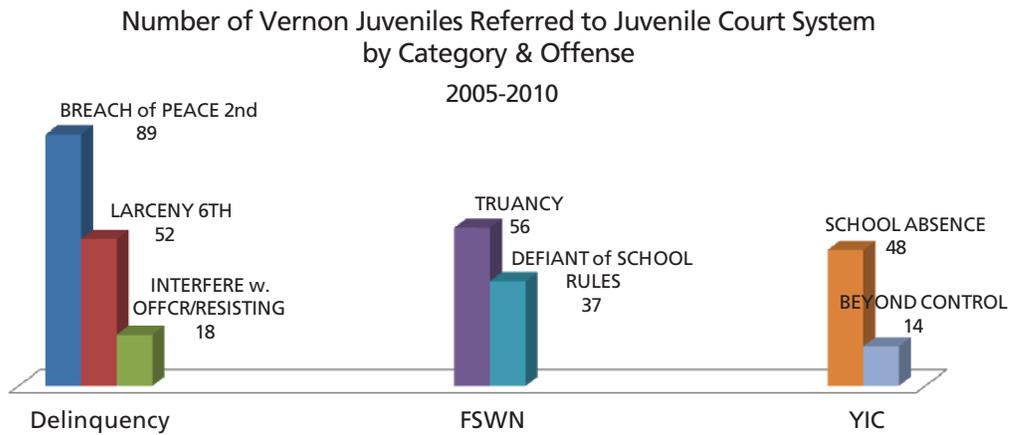
* Calculation – Annual average of children 13-17 according to Census 2000 (1,626) and 2010 Vernon Public Schools enrollment data (1,354) compared to the annual average number of referrals to juvenile court (84). **NOTE:** Some 18 year olds are included in the 12/2010 school population figures.

DELINQUENCY (*Criminal charges*): e.g., Breach of peace, larceny, criminal mischief

STATUS OFFENSES (Non-criminal juvenile offenses) e.g., Runaways, beyond control of parents, engaged in indecent/ immoral conduct, habitually truant, or exhibit defiance of school rules. Historically more than half of these youth have ended up with a delinquency petition.

- **FWSN** (*Families with Service Needs*), ages 8-16.
- **YIC** (*Youth in Crisis*), age 17.

The following graph displays the top juvenile offenses in Vernon, by category, over the last five years. In Vernon, the majority of delinquent and status offense behaviors occur between the ages of 13-17 at a rate of 5.6% for this age group. Annually, this totals 84 youth referred to juvenile court.



1. Current Conditions

Between 2007-09, there were two significant changes to laws that impacted juvenile offenders. One change (2007) was that Status Offender (e.g. FWSN/YIC) youths could not be adjudicated delinquent because of a violation of a court order or be detained unless the youth commits a delinquent act. In other words, detention is not an option. The second change (2009) defined 16 year olds as 'juvenile', thus, less likely to be charged as adults, depending on the nature and severity of the offense.

Locally experts say that there are good, yet challenging, aspects of the new laws. A positive aspect is that a troubled youth will now have a greater chance to change their behavior and avoid a less-forgiving adult criminal justice system. The challenge is that while the new law allows law-enforcement and the Court's practice of referring at-risk youth to support services, there are no legal consequences if the juvenile does not comply. This change reflects the emerging understanding that when a youth skips school, runs away or acts out of control – there is a reason. These youth need interventions and services to help them self-manage, as well as programs that work with all family members to address and change the child's behavior over time.

2. The Impact on Youth

The chart below displays the effects of childhood trauma and the related criminal activity, which may result over time.

EFFECTS OF CHILDHOOD TRAUMA*

Childhood Trauma	Outcome	Coping Pattern	Outcome	Criminal Activity
Physical Abuse	—>	Fighting with Peers	—>	Assault
Parent-child separation	—>	Substance Abuse	—>	Drug possession
Witness to violence	—>	Anxiety	—>	Accessory to homicide
Parental substance abuse	—>	Gang Activity	—>	Fraud
Sexual molestation	—>	Sexualized Behavior	—>	Prostitution

*Adapted from Dr. Denise Johnston, "Effects of Parental Incarceration", in Gabel and Johnston, p .81

TIFFANY'S STORY

To localize this impact, the following story of "Tiffany" (name has been changed) represents one seen repeatedly in Rockville Juvenile Court System.

 <p>Age 8 Concerns of domestic violence, substance abuse and sexual exploitation by a relative. DCF involvement begins.</p>	 <p>Age 12 Tiffany's behavior escalates (<i>sexual promiscuity, truancy, gang involvement, drug/alcohol use</i>) complicated by mother's inability to adequately parent. DCF re-involved with community-based services in place.</p>	 <p>Age 13 Chronic truancy from school. Juvenile Court involvement begins. Within 2 weeks she returns to court after being charged with Assault 3rd and Disorderly Conduct after a physical altercation with her mother. DCF and the Court decide to send her to live with relatives and receive in-home services.</p>	 <p>Age 14 Returned to mother's care. 3 months later, she is back in court for truancy. Later that year, she is charged with 2 counts Breach of Peace and Disorderly Conduct occurring in the home. Mother did not seek medical or psychiatric care, so Tiffany is once again removed from home and placed with relatives.</p>	 <p>Currently Tiffany is living in a structured environment with relatives. She receives counseling, support from DCF, and is now attending school consistently, with no current court involvement.</p>
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Throughout DCF and Juvenile Court involvement, Tiffany received educational advocacy, individual counseling and psychiatric treatment with hospitalization. She and her family had intensive family preservation and multi-dimensional family therapy. She was also placed, by court order, onto electronic monitoring, into detention, and referrals were made for respite care, which were refused.

B. WHAT ARE WE DOING?

The changes in law described in section I. A 1 above brought to the forefront a recognition locally that in many instances the same children that DCF identifies and cares for are the same youth that juvenile justice system works with and counsels. This presented an opportunity for action. The various partners already involved in helping these youth and families looked at sharing/combining resources by reinstating the Vernon Juvenile Review Board. Through this vehicle, various members of the Vernon Community Network --- Town of Vernon Youth Service Bureau, Vernon Police Department and Vernon Public Schools, Department of Children and Families, Rockville Juvenile Court and KIDSAFE CT --- come together to better coordinate interventions that are less punitive and more healing and restorative in nature.

This Board is responsible for diverting youth involved with both minor delinquent and FWSN status offenses from the juvenile justice system. Cases are referred by a variety of youth-serving and educational entities. The Board reviews these cases and makes recommendations that prevent youth from falling through the cracks, with an effort placed on working with the youth and their family to determine WHY the behavior is occurring instead of focusing on the behavior alone.

C. WHAT CAN WE DO?

The Leadership Workgroup and content area experts agree that a coordinated community response to prevention and early intervention is tantamount to success in reducing the number of Vernon youth involved in status offending and delinquent behaviors. It is imperative that parents, service organizations, educators and communities come together when tackling the issue of juveniles at risk. The following strategies outline an approach that will be effective in producing positive outcomes for Vernon youth, helping them to grow up healthy, caring, productive, and connected to their community.

Research and best practice tell us that using a strength-based approach to develop the assets of children and youth in order to produce behaviors that are more positive, lead to success – in their school, family and community. Specifically, the Search Institute has designed and broadly field-tested the 40 Developmental Assets. This is a framework for positive youth development, grounded in extensive research, resiliency, and prevention.

In addition to implementing the strategies outlined in the Child Abuse and Neglect section of this plan (pg 18), we propose the following to target status offending and delinquent juveniles as well as those adults who help them.

1. Design a positive youth development system focused on preventing criminal and unsafe behaviors.

- a) Continue to strengthen the capacity of the Juvenile Review Board.
- b) Conduct adult volunteer recruitment and training around mentoring and peer-support for youth and families.
- c) Create neighborhood-based safe places with adult supervision, with a centralized location – for accessibility.
- d) Maintain and expand the summer youth employment program of the Vernon Youth Services Bureau.
- e) Create Youth Emergency Services or similar community-based respite programs.
- f) Expand hours of the Vernon Public Schools Expulsion Center.

2. Encourage child and youth-serving organizations to promote *Developmental Assets* (The Search Institute.)

- a) Provide professional development opportunities on the *Developmental Assets* for those who work with Vernon youth.
- b) Provide parents, civic and faith organizations, and other caring adults training in the *Developmental Assets*.

D. HOW WILL WE KNOW WE MADE A DIFFERENCE?

- **How much did we do?**
of parents/professionals who register for Developmental Assets training sessions.
- **How well did we do it?**
% of parents/professionals satisfied with Developmental Assets training sessions.
- **Is anyone better off?**
% of those trained who incorporate Asset development in their work.
% of parents/professionals reporting a decrease in high-risk behaviors of youth they work with.

II. SCHOOL ATTENDANCE

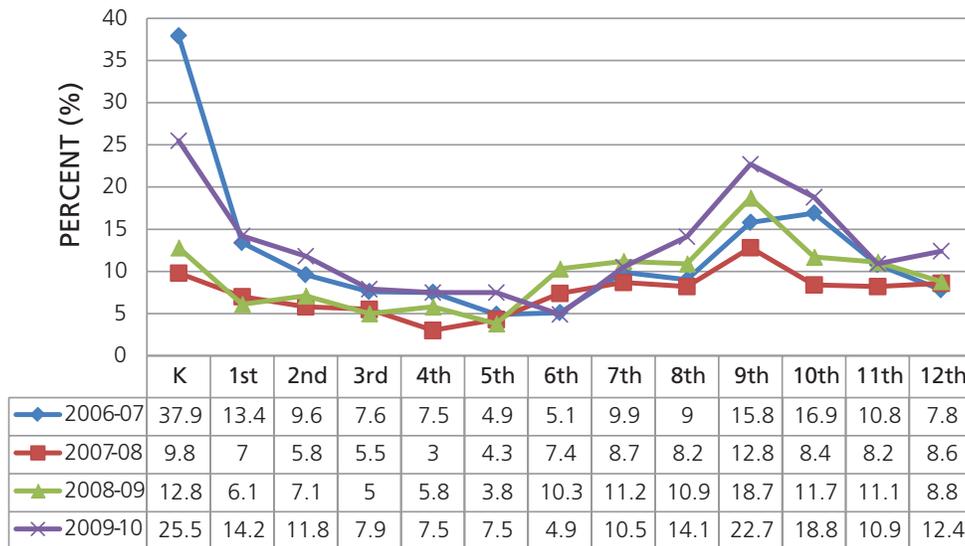
A. WHAT WE KNOW – Where Are We Now?

Solid, quality education is critical to productivity and economic stability in adult years. We know that in order to learn, regular school attendance is key to educational attainment and success. The graph below depicts a rise and fall in attendance trends throughout the grade levels. What stands out in this data is the evidence that there are significant swings in attendance during transitional years, which are Kindergarten, 6th grade, and 9th grade years. High school students identified in the 9th grade experience the greatest amount of absences, risking the loss of credit and preventing graduation. Conversely, students in the twelfth grade have the least amount of absences likely due to the perceived goal and incentives associated with graduation.

Headline Indicator: School Attendance

BASELINE DATA

Students Attending Less Than 90% of Scheduled Days
By Grade and School Year*



* Calculation – 182 scheduled days x 90% = 164 days, or conversely, 18 or more absences.

1. Current Conditions

Regular school attendance is essential for students to achieve the greatest benefit from the educational process. While the data reflects specific grade levels during which attendance is less than beneficial (K, 6th, 9th), a breakdown of Select Student Characteristics of this population further enhance our understanding of secondary factors that may contribute to school attendance. According to Connecticut Consortium on School Attendance for the Town of Vernon, these characteristics include gender, race, special education, English language learners (ELL) and Free Reduced Lunch Program (FLRP).

Consistently, the top two student characteristics of those attending less than 90% of scheduled days were students 1) Receiving free and reduced lunch (FLRP) and 2) Of a minority race, primarily Black or Hispanic.

Elementary Schools *

Consistently there were nearly 3/4s of the students in this attendance category were receiving FRLP. Slightly less than 50 % were minority students and close to 1/6th of them were identified as Special Education students. While not a large difference, there were slightly more boys than girls year to year in this category.

Middle School *

More than 50% of VCMS students in this attendance category from year to year were receiving FRLP. Nearly 40% of these students were minority students and close 1/6 of them were identified as Special Education students. There are an even percentage of boys and girls in this category.

High School *

Differing from Elementary and Middle School, RHS had a large range from 1/4 to 1/2 of students in this attendance category receiving FRLP. Slightly over 1/3 of these students were minority students and approximately 1/4 of them were identified as Special Education students. Consistently, almost 60% of those attending in this category are female.

*Note: In 2009-10 student characteristics previously titled Free and Reduced Lunch was reported as Low Income. Of interest, the percentage of students with that characteristic in that year was significantly less across all school levels from previous years, indicative of a definition change.

Its patterns begin in the early grades, and when added up through high school years, the frequency of these occurrences results in a disruption both in the classroom environment and in the student's educational attainment.

The story does not stop here; also not explicit in the data is the issue of Transition. Successful educational transitions are a *process*, not an event, making them all the more critical.

*"We have students who have missed 40 days of a school year... 22%. Students who miss 40 days of school have no chance of maintaining continuity of instruction."
A Vernon Educator*

OTHER FACTORS CONTRIBUTING TO SCHOOL ABSENCES

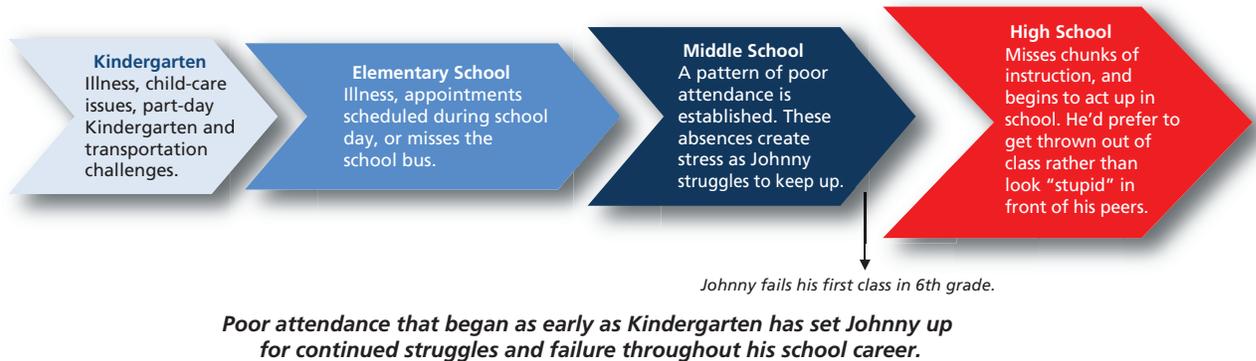
- Improper clothing for inclement weather – leading to illness, contributing to absenteeism
- Lack of structure at home – Unenforced bedtimes lead to fatigue for the child, resulting in poor grades, high absenteeism and potentially school retention
- Family vacations during scheduled school days – causing students to potentially fall behind in classroom assignments
- Lack of urgency for education; a sense of apathy on the part of parents and students
- Families that are over-extended in extra-curricular activities
- Cases of generational school failure
- Teen pregnancy

2. Impact on Students

Clearly, the issue of school attendance impacts educational attainment. In some cases, this may culminate in high school withdrawal or “dropping-out.” With this in mind, the following story portrays the cumulative impact of poor attendance.

JOHNNY'S STORY

Johnny is a typical student who by his senior year has missed 250 days of school. A normal school year consists of 180 days. Johnny's poor attendance habits began in Kindergarten. Reasons given for missing school range from physical illness to typical family emergencies, to the emotional stress and strain of feeling disconnected.



B. WHAT ARE WE DOING?

Underneath the facts and figures lie a recurring theme identified by local educators as “Where do I fit in?” This has been echoed by professionals in service organizations and the faith community as a prevailing lack of purpose felt by many local youth, described as a student’s “disconnect” to school and community. They lack a sense of person, place and purpose.

1. TRANSITION PRACTICES

The transition to school should build on students’ prior learning and develop strong links between parents and school. Children’s perceptions of themselves as learners and as someone who belongs at school are often formed early in their schooling. Vernon Public Schools has a system of transitions that move students from grade level to grade level. Within each grade level transition, there are various activities designed to include key groups most important to children transitions: educators, school personnel, community providers, parents and students.

a. Kindergarten/Elementary School

For a very young child, the school environment differs from what they are used to at home, or in an early care setting. Vernon school staff and parents want children’s entry into the public school system to be a positive, welcoming experience. The Vernon Public Schools, in collaboration with the Vernon School Readiness Council, developed a plan to facilitate a smooth transition from home or preschool to the world of kindergarten. Some key practices that help this process are as follows and are broken down by target group:

- **Transition to Kindergarten Informational Night.** All families who have children entering kindergarten are invited to an overview of kindergarten registration and curriculum.
- **Kindergarten Registration Campaign.** Held in the spring to encourage timely registration.
- **School-Specific Kindergarten Orientation.** Each spring, elementary school principals invite families to visit their schools for an orientation to kindergarten.
- Many schools offer an informal **meet the kindergarten teacher** event prior to school opening.
- The **Vernon Early Childhood Community of Practice** is a group of school and community based preschool teachers and administrators who meet regularly to discuss classroom practices, share information, align curriculum around best practices, and provide joint professional development opportunities for teachers and administrators.

- The **Vernon School Readiness Council** meets to share data gathered on preschool children and families, initiate referrals as needed, pass on assessment profiles to kindergarten teachers, and make parents aware of resources to support smoother, better-informed kindergarten transitions practices.

b. Middle School

The next major transition occurs when moving from elementary grades into middle school. Students concerns often include worry over schedule, finding their way around, fitting-in, and at times, personal safety. Similarly, educators understand the challenges of a more rigorous curriculum and grading with multiple teachers, less free time, reduced parent involvement and more peer pressure. Transition practices into Vernon Middle School are implemented in the second semester of a 5th grade student's academic year.

In **mid-winter (February/March)** prior to entering middle school, elementary teachers make class recommendations to 6th grade teachers regarding a student's level of instruction. Teachers and counselors meet face to face to discuss individual student progress, and academic, social, and home concerns.

In **spring (May)**, each elementary school visits the middle school for a large group presentation, and a small-group tour of the school that includes a visit to a class in session and lunch. There is also an Open House/Information Night for parents and their 5th grade student.

In **late summer**, during the week before school starts, students, with parent supervision, are welcome to visit the school building.

The first week of school, students tour the building and spend time adjusting to their new environment (practicing opening lockers, changing classes, going through procedures and expectations, etc.).

School counselors/social workers/psychologists lead small groups for those students identified as needing support with transitioning or other issues with school adjustment during the first marking period.

c. High School

Students entering high school look forward to having more freedom and independence while making new and more friends. However, they are also intimidated by upperclassmen, finding their way around, exams and getting lost in a larger, unfamiliar school. As young adolescents make the transition into high school, many experience a decline in grades and attendance. (Barone, Aguirre-Deandreis, & Trickett, 1991).

In **January/February**, counselors go to the middle school to discuss the high school. The High school also hosts a grade 8-orientation evening for parents and students. All eighth grade students come to the high school for a tour, one block class, and a lunch period.

Students also transition with the help of a student run (Link Crew) orientation day, a few days before school starts. Students identified as being at-risk are given additional tours, led by the school social worker. Additional tours or meetings are available to parents, if requested.

2. SCHOOL-FAMILY-COMMUNITY PARTNERSHIP PROJECT

Vernon Public Schools made application in August 2010 to participate in the Connecticut State Department of Education's School-Family-Community Partnership (SFCP). This joint venture works to increase family and community involvement with the schools in order to build awareness of the positive impact these relationships have on student learning. Maple Street School is the first participant in the project, with a building-specific action team that developed a plan focusing on facilitating family and community involvement in the areas of literacy and positive behavior. The intention is for all other schools in the district to follow suit in developing a school-specific action plan.

3. ATTENDANCE GRANTS

2009-2010 – Grants supported a modified school day and instruction for some students, use of NovaNet online learning for credit recovery, and Scientific Research-Based professional development.

2010-2011 – Grants support the following activities: an intense summer transition program for some eighth grade students and parents on developing a ten-year educational plan; increased information to parents on helping their child achieve academic goals; professional development for teachers on helping students achieve academic goals; and collaboration with the Juvenile Review Board and court services on students' academic programs.

4. INSTRUCTIONAL ROUNDS

The Vernon Public School Network (VPSN) connects the *individual* school community to the larger *whole* school community of Vernon by forming a network of professional educators that look at the teaching and learning of all our students. This new model to Vernon has helped to turn isolated schools throughout the town into a cohesive community, designed to push the practice of educators forward toward better-designed tasks that result in higher student achievement.

While Attendance data spans the entire student body K-12, we are keenly aware that the culminating effect on a smaller sub-set of students requires attention. While the Johnny's Story is hypothetical, we see it come to life when examining the Vernon high school graduation and dropout rates.

GRADUATION and DROP OUT RATES

Connecticut State Department
of Education

4 Year Graduation Rate

The number of high school students who receive a standard diploma within four years/students who were first-time freshmen four years ago.

Annual Dropout Rate

**Formula: total dropouts, grades
9-12 / total**

October 1 enrollment, grades 9-12

The denominator of the annual dropout rate does not include those students entering and transferring out of school after the October 1 date. However, the dropout period spans the summer prior to a school year plus the school year; e.g., July 1, 2003, through June 30, 2006.

Class/Cumulative Dropout Rate

**Formula: total dropouts for the class
over four-year period / grade 9**

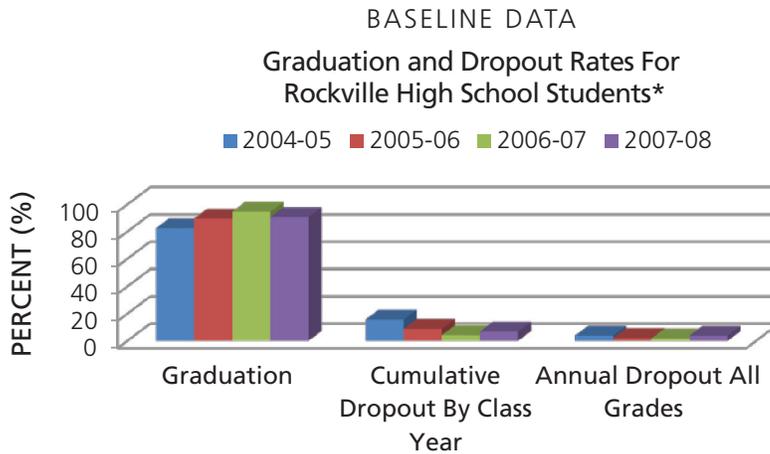
October 1 enrollment for the class.

The cumulative dropout rate is a class rate that reflects the proportion of students within a high school class who dropped out of school across four consecutive years.

A. WHAT WE KNOW – Where Are We Now?

As we learned from the "Johnny" story, the impact of chronic absenteeism can result in eventual dropping out of high school. As the graph below displays, the majority of Vernon students who enter Rockville High School as freshman in their first year *do* go on to graduate with their class in the traditional 4-year program. However, while in 2005-2007, the cumulative and annual dropout rates declined, in 2008 the annual dropout rate more than doubled (1.7% up to 3.7%) and the cumulative dropout rate increased more than one quarter. (4.1% to 6.8%).

Secondary Indicator: High School Drop-out Data



* **NOTE:** Prior to 2009, graduation rates were estimated based on annual dropout rates. Beginning in 2009, a more accurate tracking system that follows a student from initial entrance into 9th grade through to graduation will be reflected in the data. Connecticut and 49 other states signed an agreement with the National Governors' Association to this effect.

IS THIS OKAY?

To help us better understand the data reported on the State Department of Education (SDE) Connecticut Education Data and Research (CEDaR) website, and the impact on Vernon children, we calculated that between 2005 and 2008, there was a total of 5,044 students who attended Rockville High School; which equals 1,261 enrolled annually – freshman through senior. During that same period, 141 students dropped out of high school, which equals 35 students per year.

1. Current Conditions

There are many students, for various reasons, who do not graduate on time or, at all. According to *America's Promise Alliance* website and echoed by our local educators and school counseling staff, some of these reasons include family situations, boredom or lack of motivation, behavior management challenges, or becoming worn down by repeated academic failure.

• 1 student in America drops out every 26 seconds; or 1.23 million/year.

• About half of African American and Hispanic youth fail to graduate on time.

www.americaspromise.org

B. WHAT ARE WE DOING?

In Vernon, a two-fold approach is currently used. One approach focuses on how to prevent high school dropout while working to increase graduation rates, the second offers opportunities to further their education through Vernon Regional Adult Basic Education (VRABE).

1. PREVENTION

In October 2009, Connecticut's Dropout Prevention Summit provided a public forum that presented a multi-year, cross-sector strategic framework to:

- Improve K-12 educational outcomes for all Connecticut students.
- Address the complex causes of middle and high school academic failure.
- Reduce dropout rates among Connecticut's at-risk young people.
- Expand access to career pathways leading to post-secondary training options, including technical training that leads to good jobs with good pay.

Twenty-three districts with lower-than-average graduation rates were invited. *Vernon* was one of these identified districts which received a one-year \$5,000 planning grant in order to establish a dropout prevention committee to study the America's Promise "Attendance, Achievement, Attainment" framework. Also known as The 3 A's, the framework's three priorities are critical to student success as soon as they begin their educational careers and are heavily influenced by parental action/beliefs:

Attendance Every Day - Ensure children go to school regularly

Achievement Every Year - Monitor and help children make satisfactory progress each year

Attainment Over Time - Set high expectations for children and plan for attaining their long-term goals

2. ADULT/CONTINUED EDUCATION

According to the State of Connecticut, the present allowable age to withdraw from school with permission is 16 years of age. Effective July 2011, the law will change to 17-years of age. In Vernon, a high school student may withdraw for social, educational, or family reasons. However, prior to a student's withdrawal:

- Students meet with a representative of the high school who will discuss alternative plans.
- School counselors provide information concerning education opportunities available in the community.
- Prior to entering the Vernon Adult Education program, the student is required to participate in the orientation process which provides the students with program options such as Credit Diploma (CDP), National External Diploma Program (NEDP), or General Educational Development (GED).

The GED is a state-awarded diploma and does not always carry the same weight as the other two programs which result in an actual high school diploma. A student who pursues their GED is considered a *drop out* at the local level. CDP participants are considered a *transfer*. As of 2009-2010, there were 39 dropouts of which 17 chose to enter adult education. Fourteen of those students attended the Credit Diploma Program. The majority of those students were juniors or seniors.

Adult Basic Education Classes (ABE):

This classroom-based pre-GED course is designed for the student who needs additional skills prior to entrance into GED preparatory classes. Students work individually with the classroom teacher on math and basic literacy skills. Instructional levels range from beginning literacy to pre-GED readiness.

GED Preparation Classes:

This classroom-based course prepares students to pass the State of Connecticut administered General Educational Development (GED) Exam. Writing, Math, Science, Social Studies, and Reading are covered in the curriculum. The course is designed to offer students age 17 or older an alternative route to earn a CT State High School Diploma

National External Diploma Program (NEDP):

This program provides an alternative for adults who have gained skills through life experiences and demonstrated competence in a certain area. The NEDP is a portfolio assessment program that offers no classroom instruction.

Of note, an effective Teen Parent Program at Rockville High School, which provided childcare for teen parents during the school day, that allowed them to continue their education, was cut due to budget constraints. The loss of this program forced some teen parents to make the difficult choice between childcare and completing their education.

C. WHAT CAN WE DO?

Education is critical to future success, which requires schools, families and communities to be working in tandem. In fact, we know that students with involved parents (regardless of family income or background) are more likely to: Attend school regularly, adapt well to school, earn higher grades and test scores, have better social skills and behavior, and graduate and go on to postsecondary education.

Successful partnerships are needed in order to address the core issues surrounding poor school attendance and high school dropouts as described in this plan. These core issues include: the ebb and flow of parent involvement throughout a child's education, disenfranchised and disconnected youth, and disparities that exist from school to school, including professional development and family dynamics. If these root causes are addressed, then parents, schools and the community should witness an overall improvement in school attendance and graduation rates.

1. Expand *School-Family-Community Partnership Project* into all of the elementary schools, Vernon Center Middle School and Rockville High School.

2. Implement the *Attendance, Achievement, Attainment framework* targeting parents engaged as partners.

- a) Create an action plan that specifies steps to fully implement the 3 A's.
- b) Expand the capacity of the Youth Services Bureau (YSB) Counselors in the Vernon school system.
- c) Explore reinstating *Teen-Parent Program* at Rockville High School.

3. Encourage child and youth-serving organizations to promote *Developmental Assets* (The Search Institute).

- a) Provide professional development opportunities on the Developmental Assets for those who work with Vernon youth.
- b) Provide parents, civic and faith organizations, and other caring adults training in the *Developmental Assets*.

Data Development Agenda (DDA):

- **Recognize Social Capital and connect youth to community.**
Develop and conduct a survey of youth on community connectedness relative to social capital to establish a baseline.

D. HOW WILL WE KNOW WE MADE A DIFFERENCE?

- How much did we do?
- How well did we do it?
- Is anyone better off?

COMMUNITY

Safe, Healthy, Productive

- Poverty
- Community Input
 - *Focus Groups and Interviews*
 - Questions & Results*



COMMUNITY

I. POVERTY

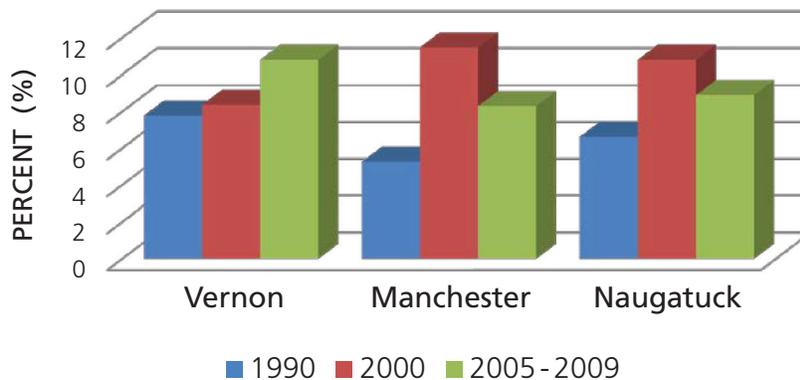
A. WHAT WE KNOW – Where Are We Now?

Where we live, work, study, and play are critically important for the overall health of a community, and its individual residents, especially for children. Growing up in neighborhoods and communities that are stable, safe, and nurturing establishes a foundation for healthy development. But for too many of our children, their well-being and feelings of connectedness and purpose become compromised growing up in a community that suffers from economic and social disadvantage. Understanding the prevalence of poverty in Vernon is of central importance to all of our children being safe, healthy and productive.

Headline Indicator: % of Vernon Children under 18 Living in Poverty

BASELINE DATA (*Census*)

Children Under 18 Living in Poverty



According to United States Census Bureau/American Community Survey reports for 1990, 2000, and 2005-2009, (5-Year Estimates) Vernon experienced a concerning upward trend in the percent of children under the age of 18 who live in poverty. As with other indicators of well-being, a comparison was done with a community similar in size and make-up to Vernon, as well as a neighboring community twice its size in population. Between 1990 and 2000, the percentage of all Vernon children under 18 living in poverty increased slightly. Between 2005 and 2009, the percentage increased dramatically, while surrounding towns decreased during this same time.

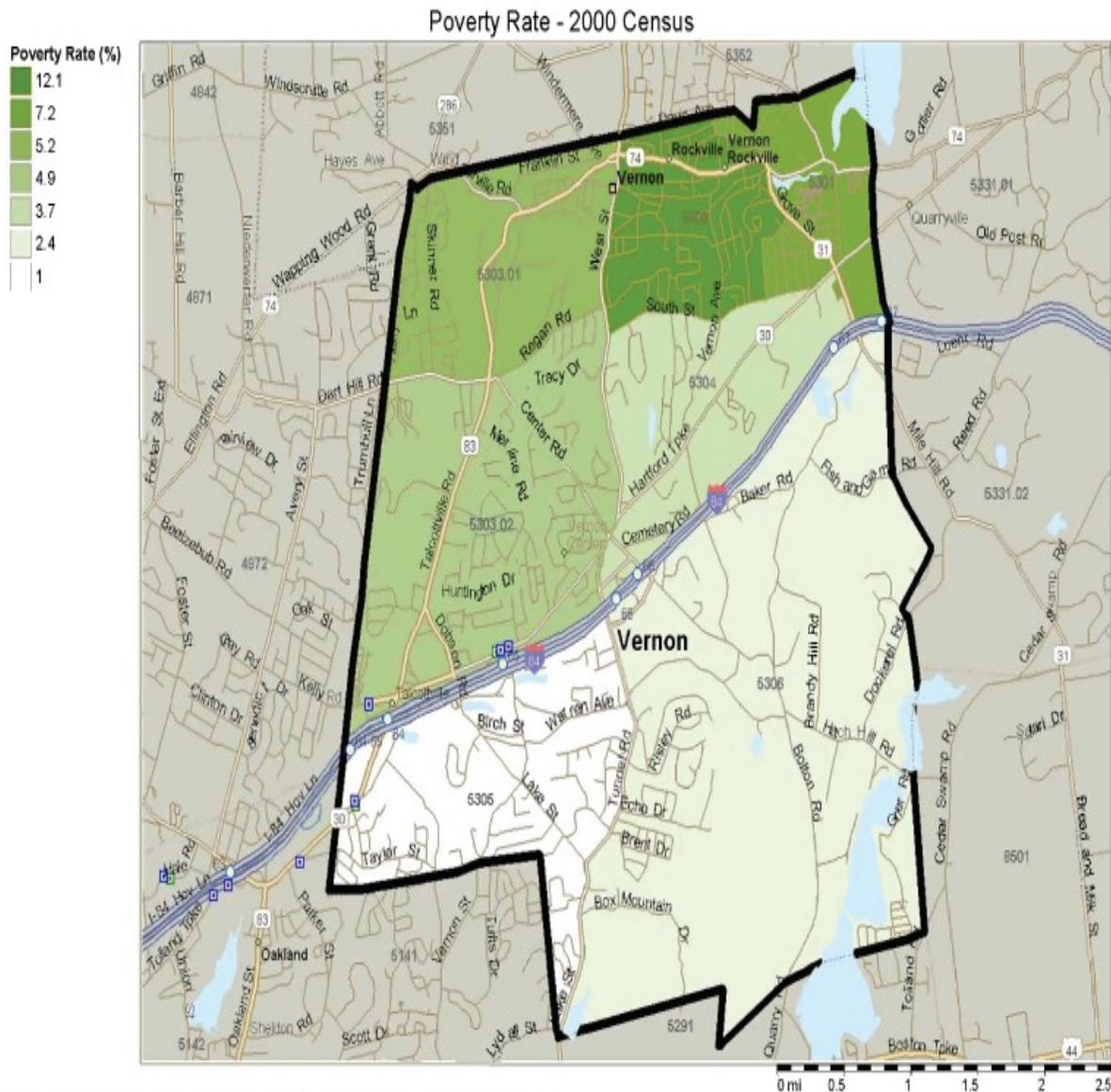


IS THIS OKAY?

As of 2009 estimates, there are approximately 534 children between the ages of birth to 17 living in poverty in Vernon. The majority of them reside in the Rockville section of town (Census tracts 5301 and 5302) as shown on the following map, which reflects the percent of people in those areas of Town living in poverty.

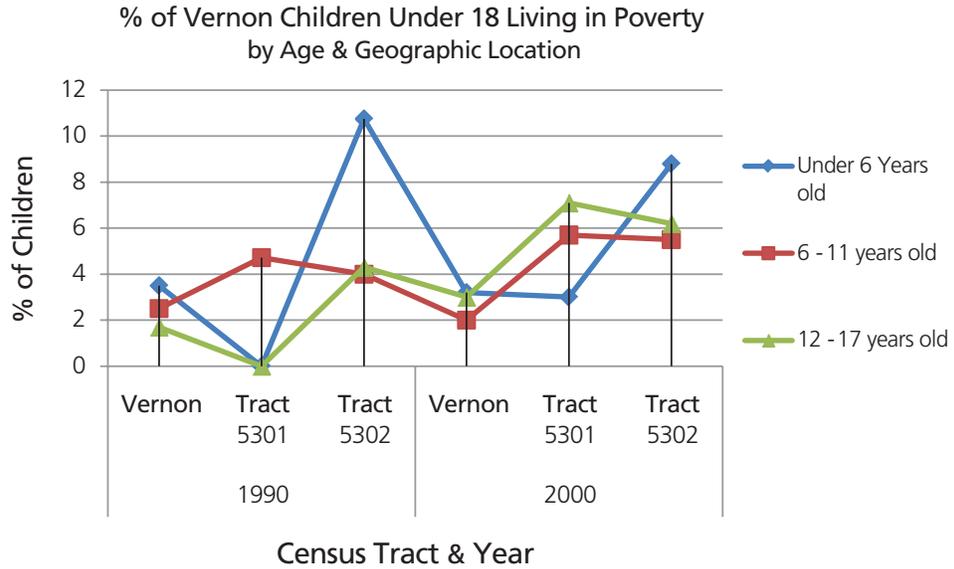
Vernon ranks in the top nine Connecticut towns with the greatest increase in Poverty since 2000.

This statistic puts Vernon at the 48th highest increase in poverty of 54 municipalities included in the cities and Towns survey.

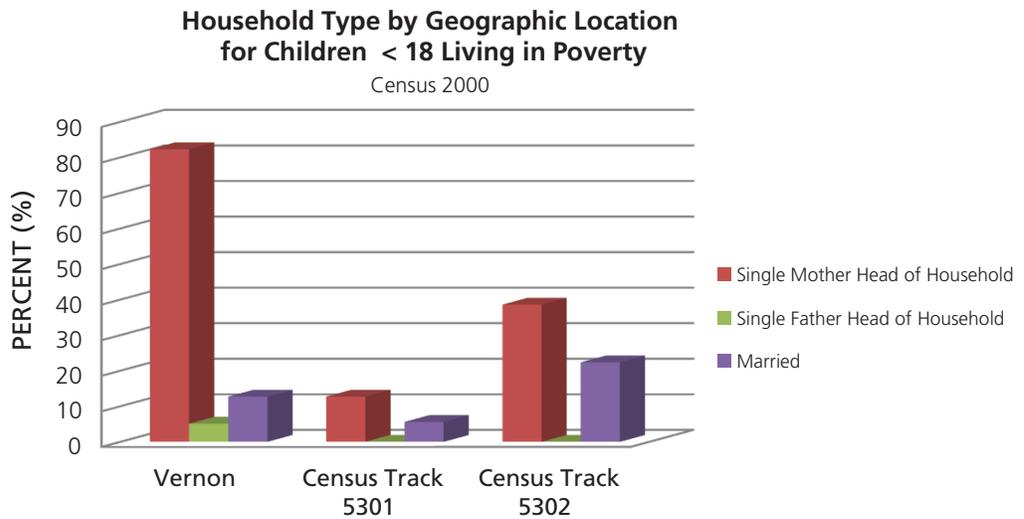


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The following graphs depict the 1990 and 2000 Census poverty data by age and census tract. (*This data is only available every ten years.*) During that decade, Vernon's total population decreased by 2,000 and approximately 600 of these were between the ages of birth to 17. Consistent over time however, is that this age group represents roughly 22% of the whole Vernon population. In the same period, the percentage of children under 18 living in poverty who resided in Census tract 5301 increased dramatically. Also noted is that children under 18 living in poverty in Census tract 5302 remained higher than any other location in town. In both 1990 and 2000, most children living in poverty were those under 6 years of age.



To further understand where these children live, we examined household type, as defined by the U.S. Census Bureau (see below graph). In Vernon, the majority of children under 18 living in poverty live in *single mother head of households*. In each of the two census tracts in Rockville, many also live with married parents.



1. Current Conditions

We know that poverty exists in varying degrees worldwide, within our country, state and local community. We also recognize that there is a higher concentration of poverty in Rockville. While there is no specific data to explain why this is so, there appears to be a connection between:

- Documented changing demographics
- Affordable housing
- Increased enrollment in the state HUSKY insurance program
- Public transportation

Vernon Social Services Department confirms that the most pronounced rates of poverty are in the Rockville section of town. Its residents are the primary consumers of services. Vernon families who live in affordable housing have varying degrees of poverty ranging from low income to working poor and from existing at the federal poverty level to below. These rental properties vary in costs and condition, with the poorest families able to afford units in the poorest physical condition.

AFFORDABLE HOUSING?

In 2007, the fair market rent for a two bedroom housing unit in the Hartford area (includes Vernon) calls for an annual household income of \$41,160. (*HUD, 2007 Out of Reach*)

When compared to Vernon's per capita income of \$32,160 (2008 *US Census Bureau, American Fact Finder*), affordable housing is well out of reach for many people. In many cases, multiple generations share housing to reduce housing expenses.

Changing Demographics

According to the most recent Vernon Plan of Conservation and Development, Vernon has seen significant shifts in its demographic population, particularly in the areas of age and income. As a trend, the population of middle-aged and mature adults (35-65) with school age children (5-19) has been on the decline while there has been a significant increase in the number of young adults (20-34) with young children (birth to 4). These younger families tend to be lower wage earners dealing with all the costs of raising young families.

Since 1998, the State of CT has offered a full health insurance package (HUSKY) for children up to age 19, regardless of family income. Families pay based on a formula, with two different levels of coverage, commonly known as HUSKY A and HUSKY B. In 1998, Vernon had 1,211 children enrolled in HUSKY A. This number has steadily increased over the years, in part due to outreach efforts. In November 2007, 1,759 children in Vernon were enrolled in HUSKY A. In October 2000, 50 Vernon children were enrolled in HUSKY B while in November 2007 there were 189 enrolled in HUSKY B.

However having HUSKY insurance is not enough to insure adequate healthcare. The number of providers who accept HUSKY has steadily decreased over the years due to the low reimbursement rates. Grant funded services for this population have been implemented but long waiting lists are common.

Areas of Vernon also offer the convenience and affordability of public transportation. This ease of access also allows for families in even poorer communities to improve their quality of life by relocating from urban areas to Vernon.

2. Impact Of Poverty

Simply stated, poverty is the lack of the most fundamental needs such as adequate food, clothing, and shelter. When unmet, children and families suffer. They suffer not only because they lack basic needs, but this impacts their ability to meet higher level needs such as education and work, or to strengthen their social and spiritual connections. If you are tired, cold, and hungry it is difficult to do much else. **The LWG understands that the eradication of poverty is not the scope of this plan, instead, it is our purpose to focus on the "culture of poverty" that serves as a root cause for the challenge that impact Vernon's children and families.**



When adequate resources are not available to our families and individuals, the consequences build. *Connecticut's Plan for Reducing Childhood Poverty* (October 2009) highlights several of these for children raised in poverty. These consequences can be seen in the arenas of physical development, academic achievement and emotional /social development. Children living in poverty are:

- **More likely to have health problems:** This includes low birth weight, stunted growth, asthma, obesity, and poor cognitive development.
- **Often underprepared for the rigors of education:** They are 1.3 times more likely to have developmental delays, learning disabilities, and often score lower on standardized tests. By the time these children begin formal schooling, children in low-income families already lag significantly behind their more affluent peers.
- **At greater risk for experiencing emotional and behavioral problems:** The fatigue of poverty is visible in the emotional challenges of depression and anxiety as well as in self-defeating, destructive behaviors. Children living in poverty may show difficulties with aspects of social competence including self-regulation and impulsivity. These children are also at risk for substance abuse in the form of self-medication.

Children under the age of six whose parents exhibit depression are at **two to five times** greater risk for homelessness, use of food banks, lack of medical care, unreliable child care and placement in foster care
From statewide report

Bolstering the case that family income effects children, are the findings that with increases in family income, children's cognitive-academic skills and social-emotional competence improve. However, the greatest impact on the mental health of children (even as young as infants) is the mental health of the parents.

Local experts say the greatest and most common situation they face is that parents suffering from mental health problems often do not have the physical or emotional resources to meet their children's needs. Many times this leads to mental health problems for the children:

- Parents with mental health problems often experience chronic stress from their psychiatric symptoms, leaving their level of function unpredictable and their work performance unstable. This jeopardizes employment and financial stability.
- Families living in poverty often live in homes with numerous family members, multiple families or strangers, usually in a confined single living space. Children's mental health issues can go unnoticed in such often-chaotic environments.
- Living in low-income neighborhoods carries additional risks such as increased exposure to community substance abuse and violence

B. WHAT ARE WE DOING?

While Vernon is a community rich in support services, healthcare providers, and quality public and private education, the current system of response for families and young children is fragmented. Access to services for Vernon children are limited by their families' knowledge and ability to advocate for themselves. In response, the community of providers formed the Vernon Community Network in an effort to better coordinate and connect existing services to families.

C. WHAT CAN WE DO?

While we will not be able to completely eliminate poverty in our community, we can work towards reducing the impacts of poverty on children and families in Vernon.

1. Develop a coordinated system of need based identification and service delivery designed to reduce the impact of poverty.

- a) Determine existing points of intake (e.g. local agencies, schools, hospitals, faith communities, etc.) and inventory existing intake procedures and forms.
- b) Inventory available physical facilities in town and those accessible from the Town of Vernon that may serve as a "one-stop" location for service needs and delivery.
- c) Research Geographical Information System (GIS) for creation of a virtual "one-stop" location to be available at each partner organization.
- d) Create a uniform intake procedure and corresponding documentation.
- e) Utilize multi-media venues such as email, internet, and local cable access.
- f) Track cases and follow up.

2. Develop a comprehensive mentoring system to provide enhanced case management and social connectedness for children and families.

- a) Inventory existing children's mentoring programs.
- b) Identify gaps in mentoring programs and create new resources.

DATA DEVELOPMENT AGENDA

Social Capital

L. J. Hanifan's 1916 article regarding local support for rural schools is one of the first occurrences of the term "social capital" in reference to social cohesion and personal investment in the community. In defining the concept, Hanifan contrasts social capital with material goods by defining it as:

"I do not refer to real estate, or to personal property or to cold cash, but rather to that in life which tends to make these tangible substances count for most in the daily lives of people, namely, goodwill, fellowship, mutual sympathy and social intercourse among a group of individuals and families who make up a social unit... If he may come into contact with his neighbor, and they with other neighbors, there will be an accumulation of social capital, which may immediately satisfy his social needs and which may bear a social potentiality sufficient to the substantial improvement of living conditions in the whole community. The community as a whole will benefit by the cooperation of all its parts, while the individual will find in his associations the advantages of the help, the sympathy, and the fellowship of his neighbors (pp. 130-131)."

The LWG is concerned about the lack of connection that both youth and adults expressed verbally and behaviorally in town and particularly in the schools. LWG believes that this is one resultant factor of living in poverty. Since this data does not yet exist for Vernon, a baseline will be developed by conducting a town-wide random sampling survey in 2011.

D. HOW WILL WE KNOW WE MADE A DIFFERENCE?

- How much did we do?
- How well did we do it?
- Is anyone better off?

FOCUS GROUP RESULTS

At the June 19, 2009 Leadership Work Group (LWG) meeting the members broke into small groups based on the Strategic Area of Focus (Safe, Healthy, and Productive) and were joined by content area experts to round out these teams. The work of the meeting was to analyze the report of compiled responses gathered from the focus groups and interviews conducted over the past several months. The committees were asked to review the raw data, discuss and share reactions, and identify the top three or more themes that emerged from this analysis. The results are as follows:

A. Focus Group



B. Interview/Key Stakeholders:

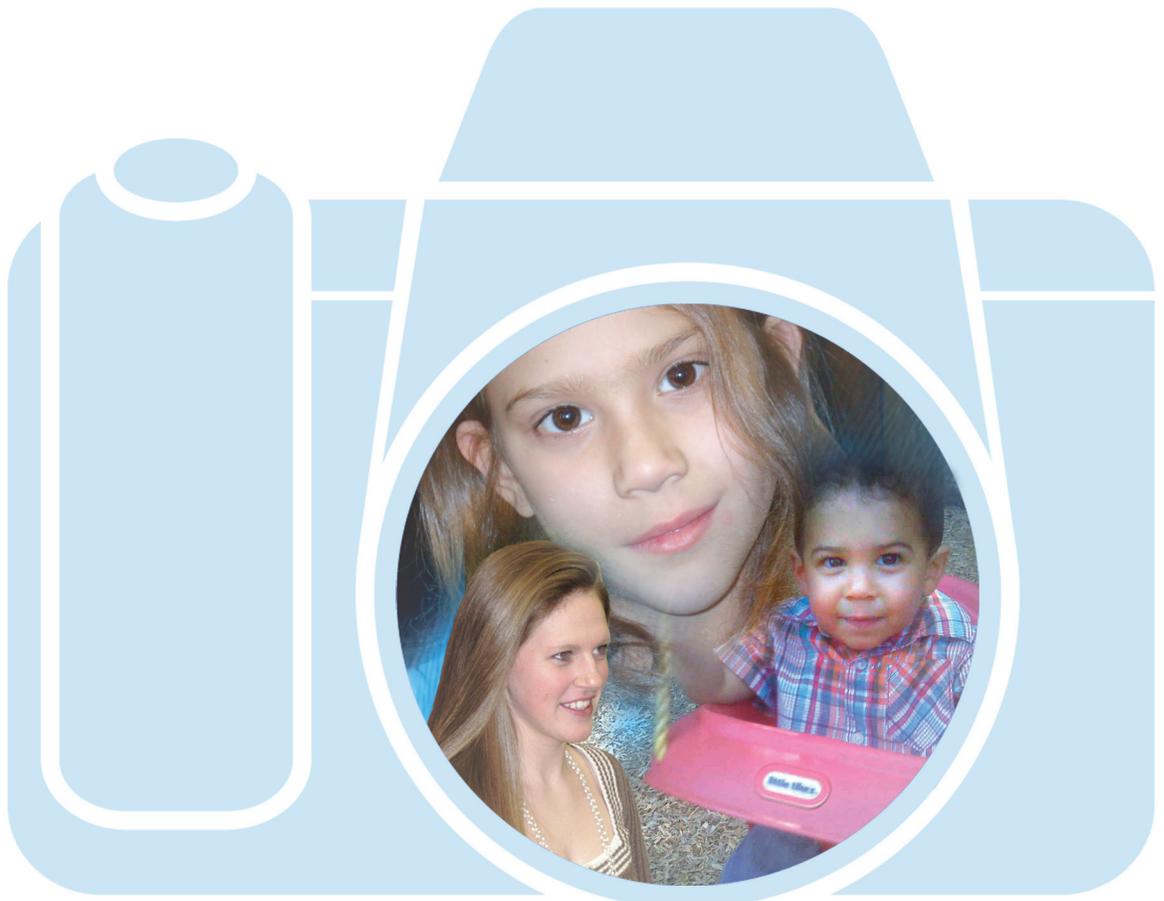


At the April 17, 2009 Vernon Community Network meeting, the top 3 issues that were agreed upon by consensus as most challenging/lacking for the Vernon community and providers were:

- 1) Coordinated system of communication:
both external (local 2-1-1) and inter-agency
- 2) Coordinated system of administrative functions: Funding, Marketing, Volunteers, Facilities
- 3) Enhanced service delivery system:
parent engagement, family support

IMPLEMENTATION & ACCOUNTABILITY

- Strategies & Partners
- Performance Measures
- Finance
- Governance



STRATEGIES & PARTNERS

There is no one entity or individual that can successfully and meaningfully implement all of the proposed strategies and actions described in this Plan. The following Strategy & Partner Matrixes were created in order to provide an at-a-glance of probable and potential partners, displayed by *Indicator* and *Plan Section* (Children, Youth, Community). Not every partner will be active in every strategy and action, and some partners may move in and out of the process based on relevance to the work of implementation and accountability as defined by various performance measures. In many cases Memorandums of Understanding (MOU's) will be developed so that all partners are clear on who is responsible for what, the resources that can be brought/redeployed, and assurances to create and account for performance measures of success.

PERFORMANCE MEASURES

This Plan is a baseline from which to begin to take action. This action must be measurable in both quantitative and qualitative ways. Individual programs will have measures, and some measures will be congruent with multiple partners, as well as across-systems. To this end the development of performance measures will be integral to holding partners and the community accountable for improving the outcomes for Vernon children and youth. Three main guiding questions will be used: "How much did we do?" "How well did we do it?" and most importantly, "Is anyone better off?" While some sections of this Plan already have suggested measures, others are in need of development. It is critical that all impacted partners be involved in the creation of such measures as they will be sharing in the accountability for the attainment of those measures and the on-going refinement of strategies and actions as they relate to making an impact on various indicators of child well-being as defined by on-going data collection.

Strategies & Partners Children Birth-8: Prenatal Care

PARTNERS	Additional data collection and analysis on non-adequate prenatal care and low birth weight as they relate to race and ethnicity, age of mother, and mothers level of education.	Explore opportunities for expanding home visitation services in Vernon.	Research Child First (Bridgeport) to assess opportunity for replication locally.	Assess the possibility of expanding Nurturing Families outreach efforts.	Create a multi-pronged approach to raising awareness on the importance of adequate prenatal care.	Meet with Rockville High School Health teachers to discuss curriculum expansion.	Connect with local pharmacies for planned display of informational materials.	Expand scope and eligibility for community baby showers to include all income levels.	Enhance use of existing media such as organizational websites and community newspapers.	Identify and train peer/mentor to serve as neighborhood resources.	Include prenatal care booths and vendors in Vernon Holistic Fair.
TOWN DEPARTMENTS											
Mayor									X		
Town Council									X		
Youth Services Bureau	X	X			X			X	X	X	X
Vernon School Readiness	X	X	X		X			X	X	X	
Social Services	X	X			X						
Parks & Recreation											
Senior Center											
Police Department											
BOARD OF EDUCATION											
Board of Education		X				X			X		
Superintendent						X			X		
School Principals	X	X				X					
Supervisor of Early Childhood/Special Programs	X	X									
Director of Pupil Personnel Services		X									
Special Education Coordinator											
School Support Staff											
Teachers		X									
Guidance Counselors											
ELL Coordinator											
Speech Pathologists											
Social Workers		X									
School Readiness											
School Nurses		X				X					
COMMUNITY ORGANIZATIONS											
Vernon Community Network			X		X				X		
KIDSAFE CT	X	X			X				X	X	
Juvenile Court/Justice		X									
Hockanum Valley Community Council					X				X		
Cornerstone Foundation									X		
Foodshare									X		
Manchester Child Guidance Clinic		X			X						

Strategies & Partners
Children Birth-8: Child Abuse and Neglect

PARTNERS	Develop a coordinated system of response for identified families	Establish Child Advocacy Team-create a collaborative approach to aid & assist families with complex service needs	Assess opportunity to redeploy existing resources and seek new funding	Capture historical responses of Vernon Community Network in order to plan a coordinated response	Reduce barriers to participation in existing parent education programs	Implement mentoring programs based on the Parent-Aide model	Expand Nurturing Families Network screening & services in order to identify all families who present with risk factors	Increase the capacity of the Vernon Community Network and its members to better meet the needs of children & families	Conduct asset-mapping of Vernon Community Network individual, group & community members	Host a Vernon Community Network agency fair	Make targeted linkages by connecting community needs to the appropriate Vernon Community Network provider or organization	Create a coordinated calendar of training and technical assistance opportunities throughout the community
TOWN DEPARTMENTS												
Mayor			X								X	
Town Council												
Youth Services Bureau		X									X	
Vernon School Readiness												
Social Services		X										
Parks & Recreation												
Senior Center												
Police Department		X										
BOARD OF EDUCATION												
Board of Education												
Superintendent			X									
School Principals												
Supervisor of Early Childhood/Special Programs												
Director of Pupil Personnel Services												
Special Education Coordinator		X										
School Support Staff												
Teachers												
Guidance Counselors												
ELL Coordinator												
Speech Pathologists												
Social Workers		X										
School Readiness												
School Nurses												
COMMUNITY ORGANIZATIONS												
Vernon Community Network	X	X					X	X			X	X
KIDSAFE CT	X	X	X									
Juvenile Court/Justice	X											
Hockanum Valley Community Council		X										
Cornerstone Foundation												
Foodshare												
Manchester Child Guidance Clinic												

Strategies & Partners
Children Birth-8: Preschool Experience

PARTNERS	Develop community based-quality standards (e.g. Vernon Early Childhood Quality Indicators) that all preschool programs could work towards. Key indicators might include:	Expand VECOP Membership to include all preschool providers in Vernon	Examine existing quality standards	Assess current standards and practices at the centers in Vernon	Adopt quality indicators	Share with the community to raise awareness of quality standards	Provide coaching and other supports to programs while they work to attain and maintain these standards.	Create Coaching job descriptions, qualifications	Establish volunteer participation guidelines for providers	Create a benefit program and assessment procedure for centers needing access to financial support	Create Resource binders for participating programs/centers	
												STRATEGIES & ACTIONS
TOWN DEPARTMENTS												
Mayor	X						X					
Town Council	X						X					
Youth Services Bureau	X					X						
Vernon School Readiness	X	X	X			X					X	
Social Services	X					X						
Parks & Recreation							X					
Senior Center												
Police Department							X					
BOARD OF EDUCATION												
Board of Education	X				X							
Superintendent	X						X					
School Principals	X						X					
Supervisor of Early Childhood/Special Programs	X	X	X	X				X				
Director of Pupil Personnel Services	X											
Special Education Coordinator	X											
School Support Staff	X											
Teachers	X	X						X				
Guidance Counselors												
ELL Coordinator	X						X					
Speech Pathologists	X						X					
Social Workers							X					
School Readiness	X			X								
School Nurses	X						X					
COMMUNITY ORGANIZATIONS												
Vernon Community Network	X			X		X					X	
KIDSAFE CT	X					X						
Juvenile Court/Justice												
Hockanum Valley Community Council												
Cornerstone Foundation												
Foodshare	X										X	
Manchester Child Guidance Clinic	X											

Strategies & Partners
Children Birth-8: 3rd Grade CMT Reading

<p style="text-align: center;">STRATEGIES & ACTIONS</p> <p style="text-align: center;">← →</p> <p style="text-align: center;">PARTNERS</p>	<p style="text-align: center;">Provide opportunities for preschool children to be exposed to and interact with text and to contextually increase their vocabulary acquisition and background knowledge.</p>	<p style="text-align: center;">Ensure that every child has access to a high quality preschool experience.</p>	<p style="text-align: center;">Ensure that all children have access to text – put books into the hands and homes of children.</p>	<p style="text-align: center;">Provide varied opportunities for children to engage in experiences which expand their background knowledge and vocabulary.</p>	<p style="text-align: center;">Provide a guaranteed viable curriculum, delivered through high quality instruction and assessments, to which every student has access and multiple opportunities to achieve.</p>	<p style="text-align: center;">Develop and implement a reading and language arts curriculum based on national and state standards.</p>	<p style="text-align: center;">Provide opportunities for teachers to develop and expand their instructional practices.</p>	<p style="text-align: center;">Differentiate instruction for each learner to ensure that every student has access to the curriculum.</p>	<p style="text-align: center;">Develop and implement common assessments that measure student achievement of the curriculum and report the results.</p>
TOWN DEPARTMENTS									
Mayor									
Town Council									
Youth Services Bureau									
Social Services									
Parks & Recreation									
Senior Center									
Police Department									
North Central District Health Dept.									
BOARD OF EDUCATION									
Board of Education									
Superintendent									
School Principals									
Supervisor of Early Childhood/ Special Programs									
Special education coordinators									
School support staff									
Teachers									
Enrichment teachers									
ELL coordinator									
Speech pathologists									
School Readiness									
School nurses									
COMMUNITY ORGANIZATIONS									
Vernon Community Network									
KidSafe CT									
Juvenile Court									
Hockanum Valley Community Council									
Manchester Child Guidance Clinic									

Strategies & Partners
Community: Poverty

STRATEGIES & ACTIONS ↑ PARTNERS →	TOWN DEPARTMENTS									
	Develop a coordinated system of need-based identification & service delivery	Determine existing points of intake, inventory and forms	Inventory available physical facilities in town and those accessible from Vernon that may serve as a "one-stop" location for service needs & delivery	Research Geographical Information System for creation of a virtual "one-stop" location to be available at each partner organization	Create a uniform intake procedure and the corresponding documentation	Utilize multi-media venues such as email, internet, and local cable access	Track cases and follow up	Develop a comprehensive mentoring system to provide enhanced case management and social connectness for children & families.	Inventory existing children's mentoring programs	Identify gaps in mentoring programs and create new resources
Mayor		X	X	X						
Town Council										
Youth Services Bureau	X	X	X	X				X	X	
Vernon School Readiness									X	
Social Services	X	X	X					X		
Parks & Recreation										
Senior Center	X	X	X							
Police Department	X	X	X							
BOARD OF EDUCATION										
Board of Education	X	X	X						X	
Superintendent										
School Principals										
Supervisor of Early Childhood/Special Programs										
Director of Pupil Personnel Services										
Special Education Coordinator										
School Support Staff										
Teachers										
Guidance Counselors										
ELL Coordinator										
Speech Pathologists										
Social Workers										
School Readiness										
School Nurses										
COMMUNITY ORGANIZATIONS										
Vernon Community Network	X	X	X	X	X			X	X	X
KIDSAFE CT	X	X						X	X	
Juvenile Court/Justice	X	X								
Hockanum Valley Community Council	X	X	X	X	X			X		
Cornerstone Foundation	X	X	X	X	X					
Foodshare	X	X								
Manchester Child Guidance Clinic									X	
Genesis/Community Health Resources										

FINANCE

Historically funders from state, federal and philanthropic entities have distributed funding based on variables associated with a deficit-based approach – those groups, organizations, communities that were the worst off received funding. Most applicants for such funding were given a set figure and set parameters of a program and were required, in turn, to submit proposals that did not take much thought or ingenuity – rather it was a somewhat rote exercise.

Today the utilization of a results-based accountability model provides for communities, organizations and programs the opportunity to identify their own areas of need and interest in order to improve outcomes for their residents and program participants. This approach is driven by local data, which leads to a clearer understanding of root cause for a specific local problem. This then leads to creation of strategies and actions that will make an impact on the true causal factors – it moves away from random good ideas for solutions that often have little effect. Finally, brought full cycle the updated data is collected, analyzed and strategies refined or marked “complete.”

With this the VCN and the LWG began to craft a Financial Plan that aligns with each indicator, its strategies and actions, divided into population segment. This Financial Plan provides for a Baseline amount of money that may at times be currently coming into the community, and others are estimates of what will be needed to bring a strategy to fruition over the next several years.

Used in this Financial Plan development was a Fiscal Scan (see Appendix) that listed most all current sources of revenue for existing programs and services in Vernon. While the figures are from the 2008 year, they were reviewed by members for accuracy and current status.

As noted some of the strategies and actions have dollar amounts filled in, with additional comments for on-going work. While some actions may require new monies, many can be attained by no- or low-cost efforts such as a redeployment of resources, e.g. staff responsibilities changed to align with the needed steps for implementation.

CHILDREN BIRTH-8

PRENATAL CARE	Base Investment	FY 2012-13	FY 2013-14	FY 2014-15	Additional Detail
<p>STRATEGY 1: Additional data collection and analysis on non-adequate prenatal care and low birth weight as they relate to race and ethnicity, age of mother, and mothers level of education.</p> <p>STRATEGY 2: Explore opportunities for expanding home visitation services in Vernon.</p> <p>Research <i>Child First</i> (Bridgeport) to assess opportunity for replication locally.</p> <p>Assess the possibility of expanding Nurturing Families outreach efforts.</p>	-0-	\$16,795	\$16,795		Data Specialist: 15 hours/wk x \$20/hr x 52 weeks, plus FICA
<p>STRATEGY 3: Create a multi-pronged approach to raising awareness on the importance of adequate prenatal care.</p> <p>Meet with Rockville High School Health teachers to discuss curriculum expansion.</p> <p>Connect with local pharmacies for planned display of informational materials.</p> <p>Expand scope and eligibility for community baby showers to include all income levels.</p> <p>Enhance use of existing media such as organizational websites and community newspapers.</p> <p>Identify and train peer/adult mentors to serve as neighborhood resources.</p> <p>Include prenatal care booths and vendors in Vernon Holistic Fair.</p>	\$18,300	-0-	-0-		Current project staff for School Readiness Council
	-0-	-0-	-0-		YSB Director meets with ECHN Family Development Center Director; (See Child Abuse & Neglect strategies)
	-0-	-0-	-0-		School Readiness co-chairs meet with Vernon Schools Superintendent
	\$18,300				Current project staff for School Readiness Council
	\$18,300				Current project staff for School Readiness Council
	\$18,300				Current project staff for School Readiness Council
	\$11,000				School/community partnership position assists with this action step
	-0-		-0-		Cost to vendors for booth space/Health fair is biennial

CHILD ABUSE & NEGLECT	Base Investment	FY 2012-13	FY 2013-14	FY 2014-15	Additional Detail
STRATEGY 1: Develop a coordinated system of response for identified families.					
Establish a Child Advocacy Team (CAT), to create a collaborative approach to aid and assist families with complex service needs.	-0-	\$13,918			Coordinator/case management position : 10hrs/week x \$25/hr x 50wks + FICA + Admin
<ul style="list-style-type: none"> Assess opportunity to redeploy existing resources Seek new funding 	-0-	\$58,100	\$58,100	\$58,100	Implementation Coordinator is responsible to convene meetings
Capture historical (situational) responses of Vernon Community Network to date to map future responses.					
Reduce barriers to participation in existing parent education programs.		\$58,100	\$58,100	\$58,100	Implementation Coordinator is responsible to convene meetings, organize data collection and create outreach plan
Implement mentoring programs, based on the <i>Parent-Aide</i> model, a system for long-term commitment to families who exhibit the risk factors connected with child abuse and neglect.		\$58,100	\$58,100	\$58,100	Implementation Coordinator coordinates with faith community & KIDSAFE CT to develop mentor training
Expand Nurturing Families Network screening and services in order to identify all families who present with risk factors for abuse and neglect and connect them with services.	\$84,000	\$134,000	\$134,000	\$134,000	ECHN current grant funded program provides this service for first-time parents deemed at-risk
STRATEGY 2: Increase the capacity of the Vernon Community Network and its members to better meet the needs of children and families.					
Conduct Asset Mapping of Vernon Community Network individual, group and community members.					
<ul style="list-style-type: none"> Host a Vernon Community Network Agency Fair increasing awareness of existing services and resources Make targeted linkages by connecting community needs to the appropriate Vernon Community Network provider or organization. 	-0-	-0-	-0-		VCN Executive Committee organizes agency fair Youth Services Director works with town IT department to create web based service map. YSB staff updates web map as needed
Create a coordinated calendar of training and technical assistance opportunities throughout the community.	\$1,500	\$750	\$750		
<ul style="list-style-type: none"> Program Performance and Accountability 	-0-	\$58,100	\$58,100	\$58,100	

PRE-SCHOOL EXPERIENCE	Base Investment	FY 2012-13	FY 2013-14	FY 2014-15	Additional Detail
STRATEGY 1: Develop community based-quality standards (e.g. Vernon Early Childhood Quality Indicators) that all preschool programs could work towards.					
Expand VECOP Membership to include all preschool providers in Vernon.					
Examine existing quality standards.					
Assess current standards and practices at the centers in Vernon.					
Adopt quality indicators.					
Share with the community to raise awareness of quality standards.					
STRATEGY 2: Provide coaching and other supports to programs while they work to attain and maintain these standards.					
Create Coaching job descriptions, qualifications.					
Establish volunteer participation guidelines for providers.					
Create a benefit program and assessment procedure for centers needing access to financial support.					
Create Resource binders for participating programs/centers.					
3RD GRADE CMT READING	Base Investment	FY 2012-13	FY 2013-14	FY 2014-15	Additional Detail
STRATEGY 1: Provide opportunities for preschool children to be exposed to and interact with text and to contextually increase their vocabulary acquisition and background knowledge.					
Ensure that every child has access to a high quality preschool experience.					School Readiness Council includes within it's ongoing work
Ensure that all children have access to text – put books into the hands and homes of children.					School/community partnership staff
Provide varied opportunities for children to engage in experiences which expand their background knowledge and vocabulary.					
STRATEGY 2: Provide a guaranteed viable curriculum, delivered through high quality instruction and ensured through a variety of assessments, to which every student has access and multiple opportunities to achieve.					
Develop and Implement a reading and language arts curriculum based on national and state standards.					Vernon Public Schools curriculum specialist takes lead role
Provide opportunities for teachers to develop and expand their instructional practices					Vernon Public Schools takes lead role
Differentiate instruction for each learner to ensure that every student has access to the curriculum.					Vernon Public Schools takes lead role
Develop and implement common assessments that measure student achievement of the curriculum and report the results.					Vernon Public Schools takes lead role

Financial Plan

YOUTH 9-18

JUVENILE RISK	Base Investment	FY 2012-13	FY 2013-14	FY 2014-15	Additional Detail
<p>STRATEGY 1: Design a positive youth development system focused on preventing criminal and unsafe behaviors.</p> <p>Continue to strengthen the capacity of the Juvenile Review Board.</p>	\$7,500	\$7,500			Cost for case management services
<p>Conduct adult volunteer recruitment and training around mentoring and peer-support for youth and families.</p> <p>Create neighborhood-based safe places with adult supervision, with a centralized location for accessibility.</p>	\$26,000	\$26,000	\$20,000	\$13,000	Implementation Coordinator coordinates with faith community and KIDSAFE CT & cost for training and supervision
<p>Maintain and expand the summer youth employment program of the Vernon Youth Services Bureau.</p>	\$18,000	\$58,100	\$58,100	\$58,100	Implementation Coordinator coordinates convenes meetings to facilitate this action step
<p>Create Youth Emergency Services or similar community-based respite programs.</p>	\$18,000	\$20,000	\$23,000		\$1,000 per student in employment costs & skills training costs
<p>Expand hours of the Vernon Public Schools Expulsion Center.</p>	\$58,100	\$58,100	\$58,100	\$58,100	Implementation Coordinator researches funding options
<p>STRATEGY 2: Encourage child and youth-serving organizations to promote <i>Developmental Assets</i> (Search Institute.)</p> <p>Provide professional development opportunities on the <i>Developmental Assets</i> for those who work with Vernon youth.</p> <p>Provide parents, civic and faith organizations, and other caring adults training in the <i>Developmental Assets</i>.</p>	\$3,000	-0-	-0-	\$3,000	Consult with VPS superintendent
	\$3,000	-0-	-0-	\$3,000	Search Institute provides initial training and year 3 refresh
	\$3,000	-0-	-0-	\$3,000	Search Institute provides initial training and year 3 refresh

COMMUNITY

POVERTY	Base Investment	FY 2012-13	FY 2013-14	FY 2014-15	Additional Detail
STRATEGY 1: Develop a coordinated system of need based identification and service delivery designed to reduce the impact of poverty.	-0-				
Determine existing points of intake (e.g. local agencies, schools, hospitals, faith communities, etc.) and inventory existing intake procedures and forms.	-0-				
Inventory available physical facilities in town and those accessible from the Town of Vernon, that may serve as a "one-stop" location for service needs and delivery.	-0-				
Research Geographical Information System (GIS) for creation of a virtual "one-stop" location to be available at each partner organization.	\$32,000	\$32,000			Town funded GIS coordinator position
Create a uniform intake procedure and corresponding documentation.	-0-	\$58,100	\$58,100		Implementation Coordinator
Utilize multi-media venues such as email, internet, and local cable access.	-0-	\$58,100	\$58,100		Implementation Coordinator
Track cases and follow up.					
STRATEGY 2: Develop a comprehensive mentoring system to provide enhanced case management and social connectedness for children and families.					
Inventory existing children's mentoring programs.	-0-	\$58,100			Implementation Coordinator
Identify gaps in mentoring programs and create new resources.	-0-	\$58,100			Implementation Coordinator
DATA DEVELOPMENT: Social Capital • Baseline will be developed by conducting a town-wide random sampling survey in 2011.	-0-	\$5,700			Contract with UConn to implement survey

GOVERNANCE

Critical to the improvement of outcomes for Vernon children and youth is the implementation of, and accountability for this baseline Plan. It was developed by a variety of key stakeholders, with input from the community-at-large by using an inclusive community decision-making process. That same level of representation and shared leadership is important to successful strategy implementation and overall impact on the Headline and Secondary Indicators – our measures of success. The Vernon Community Network (VCN) serves as the local governance partnership for this effort. It is comprised of a variety of local and state government, private sector, not-for-profit organizations, and community members.

The VCN will: 1) serve as the catalyst and focal point for all of the membership to work together to implement strategies and actions; 2) provide for on-going data collection and analysis; 3) serve as a forum for community conversations on issues relevant to the Plan; 4) serve as the overseer for accountability to the greater community.

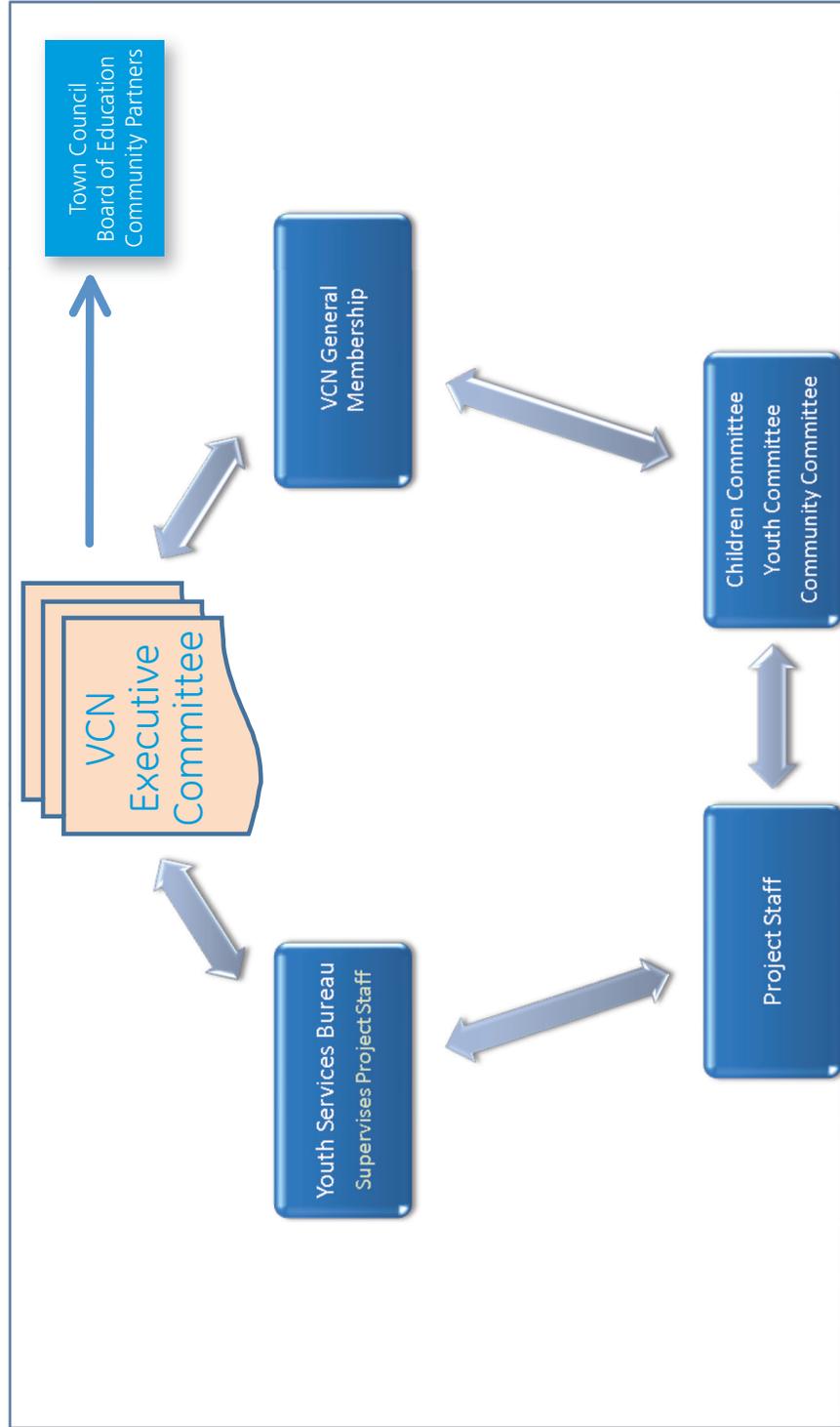
The Vernon Community Network (VCN) is operated via the Bylaws using the “Roberts Rules of Order.” The Executive Committee is comprised of a President, Vice President, Treasurer, Secretary, At-Large, Membership, and Past President positions. These are elected by the whole membership.

The Executive Committee functions as the community planning oversight committee. As depicted in the following chart, communication by all parties involved in the Plan implementation is dynamic and founded on two-way communication lines. The Executive Committee sets implementation steps and further planning into motion.

The Vernon Youth Services Bureau supervises the **Project Implementation Coordinator (PIC) and Data Specialist** positions. The PIC holds the responsibility to direct the VCN committee work and receive feedback on that work. The Coordinator provides support to each of the three committees – *Safe, Healthy, Productive* – and in turn the committees report their respective work to the VCN General Membership.

The General Membership provides feedback to the committees and the Executive Committee. The VCN Executive Committee reports progress on the Plan implementation to the **Town Council, Board of Education and Community Partners**. This administrative and operational structure is intended to be fluid thereby offering the greatest opportunity for feedback and support of all implementation and future planning.

VERNON COMMUNITY PLAN GOVERNANCE STRUCTURE



APPENDIX

- Fiscal Scan
- Focus Group & Interview – Rationale and Approach

TO: Vernon Early School Readiness Executive Committee
From: Jim Farnam, Farnam Associates
Date: November 10, 2010
Re: Update on Fiscal Scan Results To Date

The Vernon School Readiness Executive Committee enlisted our firm (formerly I was with Holt, Wexler & Farnam, LLP which has been restructured) to assemble and analyze financial information on programs and policies affecting young children (birth to age 8) in the Town of Vernon to provide a financial context to existing efforts in early childhood and identify funding opportunities in support of blueprint development.

The Committee asked us to include in the scan where available funding for services to children age 9-17 as well so the Vernon Community Network can have the complete picture for both early childhood services and services for older children and youth. When we looked back at the data, many of the funding sources we had collected related to all children and we had broken out the services for ages 0-8 so we could proceed to include the services to children ages 9-17 without too much additional work.

This memorandum summarizes data collected to date for the Fiscal Scan for Vernon. We have based our analysis on the State Fiscal Year 2008-2009 because that was the last complete fiscal year for which data was available when we commenced our research. While the SFY2009-2010 has since finished, much of the final state spending data for that year are still not available.

We have identified to date a total of \$63.6 million invested in services for children in Vernon across the domains of your plan – Healthy, Productive, and Safe (see table below). \$24.4 million is attributed to the 0-8 age group and \$39.3 million to the 9-17 age group. We prorated funding data for specific programs to pull out the portion that was going to benefit families of children of each age group based on reasonable estimates of the populations benefitted. Note

- A large portion of these funds support K-12 education (we did not include the \$7.3 million in State funds that was received for the School Construction Program).
- In health, the Medicaid line item (Husky) is under health but also funds behavioral health which is not possible to break out from the total.
- Most of these funds are dedicated to ongoing programs so are not for the most part available to address newly identified needs. Some reallocation may be appropriate based on a review of the effectiveness and reach of the program.

Summary of Funding Identified by Plan Domain, Fiscal Year 2008-2009

Row Labels	Values		
	Sum of Total, Ages 0-8	Sum of Total, Ages 9-17	Sum of Total, Ages 0-18
Healthy	\$ 3,520,060	\$ 2,961,403	\$ 6,481,463
Productive	\$ 16,501,486	\$ 32,795,030	\$ 49,296,515
Safe	\$ 4,340,053	\$ 3,528,005	\$ 7,868,058
Grand Total	\$ 24,361,599	\$ 39,284,438	\$ 63,646,036

NOTE: Main difference from September total of \$45 million is the addition of \$25 million in local spending on education and several programs of KIDSAFE and the ECHN Family Development Center

These figures are for Federal, State, and Philanthropic funds and include town funds for education and a small amount for youth services and family support.

Please forward to us any information about other private funders we may not have come across in our research that are active in supporting Vernon services for children and we will add them to this list (send to jf@farnamllc.com)

We will continue to work with the Committees to understand, interpret and enhance the analysis we are preparing to make sure it informs your planning work to the fullest degree possible. Thank you.

Estimated Funding for Childhood Services in Vernon, Fiscal Year 2008-2009

Domain, Source and Program	Sum of Total, Ages 0-8	Sum of Total, Ages 9-17	Sum of Total, Ages 0-18
Healthy	\$ 3,520,060	\$ 2,961,403	\$ 6,481,463
Health	\$ 3,464,030	\$ 2,805,875	\$ 6,269,906
Federal	\$ 2,850,842	\$ 2,400,000	\$ 5,250,842
DSS	2,850,842	2,400,000	5,250,842
HUSKY- Medicaid	2,850,842	2,400,000	5,250,842
State	\$ 613,189	\$ 405,875	\$ 1,019,064
DDS	436,500	-	436,500
Birth to Three	436,500	-	436,500
SDE	176,689	405,875	582,564
Child Nutrition State Matching Grant	5,092	11,698	16,790
Healthy Foods Grant	11,241	25,821	37,062
National School Lunch	123,228	283,070	406,298
Nonpublic Health Services	3,051	7,009	10,060
School Breakfast Program	27,297	62,705	90,002
Special Milk Program For Children	396	910	1,306
State School Breakfast	3,465	7,961	11,426
Summer Food Service Prog - Admin	232	533	765
Summer Food Serv. Prog - Operation	2,686	6,169	8,855
Behavioral Health	\$ 56,030	\$ 155,528	\$ 211,557
State	\$ 56,030	\$ 155,528	\$ 211,557
DCF	56,030	155,528	211,557
Care Coordination	7,416	11,125	18,541
Emergency Mobile Psychiatric Serv	9,750	14,625	24,376
Enhanced Care Coordination	6,662	9,993	16,655
Intensive Home Based Serv: FFT	-	19,902	19,902
Intensive Home Based Serv: IICAPS	-	13,362	13,362
Intensive Home Based Serv: MDFT	-	25,142	25,142
Int. Home Based Serv: MDFT FSATS	-	1,230	1,230
Intensive Home Based Services: MST	-	11,847	11,847
Outpatient Psych Clinic for Children	28,932	43,398	72,330
Residential Subs Abuse Treatment	1,068	1,602	2,670
Emrg Mob Psych/Care Coord Startup	2,201	3,301	5,502
Productive	\$ 16,501,486	\$ 32,795,030	\$ 49,296,515
Education	\$ 16,501,486	\$ 32,795,030	\$ 49,296,515
Federal	\$ 771,905	\$ -	\$ 771,905
HHS-Head Start	771,905	-	771,905
Head Start	621,605	-	621,605
Early Head Start	150,300	-	150,300
Philanthropic	\$ 67,773	\$ -	\$ 67,773
George A. & Grace L. Long Foundation	1,000	-	1,000

Domain, Source and Program	Sum of Total, Ages 0-8	Sum of Total, Ages 9-17	Sum of Total, Ages 0-18
Hockanum Valley CommCouncil	1,000	-	1,000
Hartford Foundation for Public Giving	34,273	-	34,273
Hockanum Valley CommCouncil	34,273	-	34,273
Graustein Memorial Fund	32,500	-	32,500
Collaborative Support	32,500	-	32,500
State	\$ 7,955,864	\$ 15,093,540	\$ 23,049,404
SDE	6,611,219	14,993,804	21,605,023
Education Equalization	5,327,152	12,237,116	17,564,268
IDEA- Part B- Section 619	14,571	33,472	48,043
IDEA-Part B- Section 611	232,357	533,753	766,110
Open Choice Progr-Receiving Dist.	26,905	61,803	88,708
School Readiness	107,000	-	107,000
Spec Ed-Ag Placemnts & Excess Cost	306,052	703,040	1,009,092
Spec Ed-Ag. Placemnts & Excess Cost	272,350	625,622	897,972
Title I Improving Basic Programs	128,152	294,382	422,534
Title II- D- Enhanc. Educ. Thru Tech.	13,648	31,352	45,000
Title II Part D Technology	455	1,045	1,500
Title II-Part A Teachers	46,044	105,768	151,812
Title IV - Safe & Drug Free Schools	3,625	8,327	11,952
Title V-Innovative Educ. Strategies	1,504	3,456	4,960
Transport Of School Children-Public	106,130	243,793	349,923
Transportation-Nonpublic	-	20,450	20,450
Young Adult Learner	-	70,000	70,000
Young Parents Program	16,380	-	16,380
Youth Service Bureau	6,997	16,072	23,069
Youth Service Bureau-Enhancement	1,896	4,354	6,250
DSS	1,344,645	99,735	1,444,381
Care4Kids	1,040,645	99,735	1,140,381
Child Development Centers	304,000	-	304,000
Town	\$ 7,705,944	\$ 17,701,490	\$ 25,407,434
Town of Vernon	7,705,944	17,701,490	25,407,434
Local Contribution to Education	7,705,944	17,701,490	25,407,434
Safe	\$ 4,340,053	\$ 3,528,005	\$ 7,868,058
Family Support	\$ 4,340,053	\$ 3,528,005	\$ 7,868,058
Philanthropic	\$ 70,786	\$ 68,489	\$ 139,275
George A. & Grace L. Long Foundation	764	736	1,500
Exchange Club Center for the Prevention of Child Abuse, Rockville	764	736	1,500
Hartford Foundation for Public Giving	60,003	57,772	117,775
Exchange Club Center for the Prevention of Child Abuse, Rockville	60,003	57,772	117,775

Domain, Source and Program	Sum of Total, Ages 0-8	Sum of Total, Ages 9-17	Sum of Total, Ages 0-18
Macy's Foundation	1,019	981	2,000
Exchange Club Center for the Prevention of Child Abuse, Rockville	1,019	981	2,000
Service Clubs	9,000	9,000	18,000
Kidsafe - Parent and Youth Support	9,000	9,000	18,000
State	\$ 4,255,017	\$ 3,459,516	\$ 7,714,533
DCF	2,423,076	2,450,816	4,873,892
Child Protective Services	1,002,773	998,770	2,001,543
Community Life Skills	2,129	3,194	5,323
Family Support Team	29,262	43,893	73,155
FAST	7,067	10,600	17,666
Foster care	889,309	885,759	1,775,069
Foster Care Clinic	1,853	4,324	6,177
Integrated Family Violence	5,305	7,957	13,262
Intensive Family Preservation	29,501	9,834	39,335
Intensive Safety Planning	3,723	5,584	9,307
Multidisciplinary Team	1,628	2,442	4,070
Parent Aide	6,864	10,296	17,161
Parent Aide/Conference	48,342	32,228	80,569
Parent Education Assess Service	38,251	42,857	81,108
Positive Youth Development	1,446	8,192	9,637
Purchased Services	294,743	293,566	588,309
Reconnecting Families Program	3,368	5,052	8,420
Respite Care Services	265	398	663
Sexual Abuse Evaluation	2,567	3,851	6,418
Short Term Assessment & Respite	53,291	79,936	133,227
Temporary Child Care	1,388	2,082	3,470
SDE	77,600	158,809	236,409
ASTE-Vocational Agriculture	-	118,455	118,455
Carl Perkins Career & Tech. Educ. Act	-	40,354	40,354
Family Resource Center	77,600	-	77,600
DSS	1,280,341	849,891	2,130,232
Food Stamps	634,665	634,665	1,269,331
Temporary Family Assistance(TANF)	645,676	215,225	860,901
DPH	313,600	-	313,600
WIC	313,600	-	313,600
Children's Trust Fund	160,400	-	160,400
Nurturing Families Network	160,400	-	160,400
Town	\$ 14,250	\$ -	\$ 14,250
Town of Vernon	14,250	-	14,250
Parent Education and Support	14,250	-	14,250
Grand Total	\$ 24,361,599	\$ 39,284,438	\$ 63,646,036

Glossary

Intensive Home Based Serv: FFT	Functional Family Therapy
Intensive Home Based Serv: IICAPS	Intensive In-Home Child and Adolescent Psychiatric Services
Intensive Home Based Serv: MDFT	Multi-disciplinary Family Therapy
Int. Home Based Serv: MDFT FSATS	Multi-disciplinary Family Therapy- Family Substance Abuse Treatment Services
Intensive Home Based Services: MST	Multi-systemic Therapy
Emrg Mob Psych/Care Coord Startup	Emergency Mobile Psychiatric Response teams and Care Coordination teams (part of CT Children's Behavioral Health Partnership)
WIC	Nutrition supplement for Women, Infants, and Children

CURRENT COMMUNITY PERSPECTIVES

FOCUS GROUP & INTERVIEWS

RATIONALE and APPROACH

At the core of a community planning and decision-making process is an inclusiveness of key stakeholders in each stage of the work. This creates a sense of ownership of the resultant comprehensive plan, as well as legitimacy to the work. Built into the Vernon Community Network approach is a *continual community feedback loop* to support this framework.

Phase I of such a system includes both qualitative and quantitative data collection and analysis. This in turn is further developed by examining the “stories” that lie behind the data, initiated by conducting a force field analysis of the raw data.

In line with this approach, the Vernon Community Network Leadership Work Group conducted 10 focus groups in the Vernon community, getting input from nearly 60 residents. The questions posed to each group were:

1. From your perspective what makes a child: Safe? Healthy? Productive?
2. What does Vernon have to offer families with children birth-17?
3. What are the major unmet needs of families with children in our community?
4. From your perspective what services would benefit families with children?
5. Who else should we ask to participate in a Focus Group?

Additionally it is recognized that there are individuals in the community who hold positions of leadership who were interviewed asking the following set of questions:

1. What services and programs are you aware of or have used that benefit families with children in Vernon?
2. What are your recommendations for what should be done to improve services for families with children in one or more of the following areas: Education, K-12, Health, and Child Development, Family Support, Early Childhood, Other?
3. What are the major unmet needs of families with children in Vernon that this plan must address? (Refer to Result Statement)
4. What services would address those needs?
5. What are your thoughts regarding how to fund and support these services? (Include low- and no-cost ideas such as shared resources or redeployment of existing allocations)?
6. What role do you see yourself/your organization playing in achieving our end result?
7. Who else should we interview?